



Owned and Operated by Portland State University
 Tax ID# 36-4776757 PO BOX 751 Portland, OR 97202

Res ID#: _____
 Room Type: _____

PSU Department Third Party Billing Form

Arrival Date: _____ Depart Date: _____ Department: _____
 Guest/Group Name: _____ Department Contact: _____
 Guest/Group Phone/Email: _____ Department Phone/Email: _____

BUSINESS PURPOSE: (REQUIRED)

Guest/Group is allowed for the following charges: *(Please check all that apply)*

<input type="checkbox"/> Guarantee Group Room Block	<input type="checkbox"/> Conference Room Rental	<input type="checkbox"/> ALL HOTEL CHARGES (PSU UHRL Only)
<input type="checkbox"/> Hotel Room and Tax	<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Parking	<input type="checkbox"/> Catering	

HOSTING/TRAVEL (Conference/Meeting Agenda Required) - NO ALCOHOL AND BARTENDER CHARGES ALLOWED ON PSU INDEX

[PSU 2023 Hosting Policy & Rates](#) [PSU 2023 Travel Reimbursement Rates](#) [Frequently Used Account Codes](#)

NUMBER OF EXPECTED ATTENDEES: _____ ACCOUNT CODE: _____ EXPENSE MAXIMUM: _____

DEPT INDEX: _____ FOU INDEX: _____ GRANT INDEX: _____

(Budget Authority Signature Required) (Foundation Approval Required) (DRA and PI Signatures Required)

Budget Authority/DRA Signature: _____ Date: _____

Printed Name & Title: _____

Principal Investigator (PI) Signature: _____ Date: _____

Printed Name & Title: _____

Foundation Approval Signature: _____ Date: _____

(Send to accountspayable@psuf.org for signature)

Printed Name & Title: _____

Please return a signed copy of this [form](#) and [all required documentations](#) via Email/Fax/Mail/Delivery to the information provided to ensure reservations are made.