



HOBART AND WILLIAM SMITH  
COLLEGES

## Hotel Direct Bill Authorization Form

\_\_\_\_\_  
Hotel Name

\_\_\_\_\_  
Guest Name

\_\_\_\_\_  
Date(s) of Stay

\_\_\_\_\_  
HWS Contact

\_\_\_\_\_  
HWS Department Name

Business Purpose:

- College Visitor
- Speaker
- Job Candidate
- Business Meeting
- Other (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
HWS Accounting Information

\_\_\_\_\_  
HWS Authorized Signature

\_\_\_\_\_  
For Hotel Office Use Only:

Date Res was Made: \_\_\_\_\_

GSA Who Made Res: \_\_\_\_\_

Room Bill Total: \$ \_\_\_\_\_

Account Info: \_\_\_\_\_

Meal Authorization:      Yes or No (circle)  
(verbally given at time of reservation)

***When all information on this form is completed please attach the detailed hotel invoice and forward to the HWS Business Office, 300 Pulteney St. Geneva, NY, 14456.***