



## Funding Authorization Form

This form has been created in order to allow you to have third-party expenses charged to your department funding string and should be submitted on a **per-reservation** basis to ensure prompt processing of your folio. Please provide all the information requested below and sign & date the form before submission. Send completed forms to the Wisconsin Union Hotel via email at [hotel@union.wisc.edu](mailto:hotel@union.wisc.edu) or fax at 608.890.4422.

### Reservation Information

Guest (or Room Block) Name: \_\_\_\_\_

Confirmation Number(s): \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Funding Information

UW Financial Specialist: \_\_\_\_\_

Dept. ID (6) \_\_\_\_\_ Fund Code (3) \_\_\_\_\_ Program Code (1) \_\_\_\_\_

Project ID (7-optional) \_\_\_\_\_ Account Number (4) \_\_\_\_\_

—OR—

Wisconsin Union Department ONLY 8-digit Expense Code: \_\_\_\_\_

Department Address: \_\_\_\_\_

City, State, + Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Rate Information and Approved Charges

\_\_\_\_\_ All Charges \_\_\_\_\_ Room Charges \_\_\_\_\_ Tax\* \_\_\_\_\_ Parking\*\* \_\_\_\_\_ 2<sup>nd</sup> Person (+)\*\*\*

\*Tax-rate is 2.6% // UW rooms are tax-exempt

\*\*\$18.00 per night if room is at UW / GSA rate

\*\*\* +\$20 for second person if at GSA rate // +\$10 per person above two

I certify that all information is complete and accurate. I hereby authorize the Wisconsin Union Hotel to collect payment for all charges as indicated in the rate information and approved charges section of this form by processing a charge to the fund listed above. **If my guest no-shows, per my hotel confirmation, I will be charged for at least a one-night stay.** I certify that I am the authorized signer of the funding listed above.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use ONLY: Date: \_\_\_\_\_ Total Jet Transfer: \_\_\_\_\_ JRB #: \_\_\_\_\_