



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):

Four horizontal lines for specifying other business purposes.

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.