

Temple University Local Hotel Exception Request Form

		J 1		
Hotel Name:		Today's Dat	e:	
Guest Name:		Reservation	Dates:	
Department:		Dept. Phone	e #:	
Dept. Contact:		Email:		
Justification for Ex	ception Request:			
Check One:	Guest	Employee		Student
Authorized Budge	et Unit Approval:	Print Name	Signature	Date
vith direct billing he Office of Busii	for guests whose reservation tess Services when requested list found on the Busines. Email your completed	ed discounted rates with a number of swill be paid for by Temple. Tring an exception for reservations as Services website. form to Kathleen Paul@temple.econthleen Paul, Administrative Coord Office of Business Services	this form must be co at any hotel other t du or fax to (215) 20	mpleted and submitted to han those on the
	Please contact the O	ffice of Business Services with qu	uestions at 215-204-	3121.
	ASSOCIATE VIC	E PRESIDENT FOR BUSINES	SS SERVICES ONI	LY:
Approved	Denied/Reason — —			
<u>fichael Scales</u> Print Name	Signature			215-204-3121 Office Phone#
				Revised 01/11/2023