



Vendor Agreement for Hotel Expenses

To: \_\_\_\_\_ At: \_\_\_\_\_
(Name) (Hotel)

The below listed individual(s) is authorized to purchase the following described travel services from you using the Florida International University Visa Travel Card issued in my name. They will each provide picture identification upon request.

Charge #1
Traveler's Name: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_ Room Rate: \_\_\_\_\_
[ ] Room [ ] Phone (Business-Related) [ ] Fax (Business-Related)
[ ] Sales Tax (outside of State of Florida) [ ] Internet Access (Business-Related) [ ] Copying (Business-Related)

Charge #2
Traveler's Name: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_ Room Rate: \_\_\_\_\_
[ ] Room [ ] Phone (Business-Related) [ ] Fax (Business-Related)
[ ] Sales Tax (outside of State of Florida) [ ] Internet Access (Business-Related) [ ] Copying (Business-Related)

Charge #3
Traveler's Name: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_ Room Rate: \_\_\_\_\_
[ ] Room [ ] Phone (Business-Related) [ ] Fax (Business-Related)
[ ] Sales Tax (outside of State of Florida) [ ] Internet Access (Business-Related) [ ] Copying (Business-Related)

Only the type(s) of service listed above may be charged by the individual(s). Services other than those stated above will be the sole responsibility of the individual traveler. Charges to this account must be separately charged for each individual traveler. I have provided you with my card account number and expiration date telephonically.

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Date: \_\_\_\_\_

VENDOR ACKNOWLEDGEMENT

It is agreed that the services authorized by the above F.I.U. cardholder shall be provided to the individual(s) listed without demand of additional cash or credit card payment. Payment for purchases or services not authorized above shall be obtained from the individual(s) traveler. I confirm that the cardholder's account number and expiration date has been provided to me and is accepted as the method for full payment of the authorized services. The account will be charged separately for each individual and itemized receipts will be provided. Confirmation numbers for each are shown below.

Company Name: \_\_\_\_\_

Hotel Employee Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Hotel Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please fax the completed form to my attention to: \_\_\_\_\_ (fax #)