

# Children's Hospital

The Inn at Penn Billing Authorization

Main: 215.222.0200 / Reservation: 215.823.6240

Please fax back to: 215 – 823 – 6229

**PURCHASE ORDER NUMBER:**

## Part I. Reservation Information

Name of Guest or Group	
Purpose of Stay	
Reservation Made By:	Phone Number:
	Fax
Email address	Date:
Confirmed by	

## Part II. Sleeping Rooms

Arrival Date:	Departure Date:	Room Rate:	# of Rooms:
Room Type: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Quad <input type="checkbox"/> Suite			
Charges to be Billed on Departure: <input type="checkbox"/> Room and Tax <input type="checkbox"/> Parking <input type="checkbox"/> Telephone <input type="checkbox"/> Meals <input type="checkbox"/> All Other Incidentals <input type="checkbox"/> Banquets <input type="checkbox"/> Restaurant			

## Part III Billing Information:

Children's Hospital Of Philadelphia		
Department Name:		
Send to the Attention of:	Phone Number:	
Street Address:		
City:	State:	Zip

## Part IV. Approvals:

Signature of Budget Administrator:	Date:
Printed Name of Budget Administrator:	

Payment is due upon receipt of invoice. Revolving credit will be reviewed and is subject to payment history for continuance.