

Children's Hospital

The Inn at Penn Billing Authorization

Main: 215.222.0200 / Reservation: 215.823.6240
Please fax back to: 215 – 823 – 6229

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|-------------------------------|
| PURCHASE ORDER NUMBER: |
|-------------------------------|

OR

| |
|---------------------------------|
| DEPARTMENT ROUTING CODE: |
|---------------------------------|

Part I Billing Information:

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

Part II. Reservation Information

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

Part III. 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 IV. Approvals:

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