



AMERICAN UNIVERSITY OF BEIRUT

AUXILIARY SERVICES

Old Pharmacy Building- Ext. 2370 3510

HOTEL RESERVATION AND AUTHORISATION TO BILL AUB FORM

Name of Hotel: _____

Guest Name: _____

1. Date(s) of stay:	Arrival Date: _____ Departure Date: _____ Total no. of nights: _____
2. Daily B&B Rates: (Including breakfast & 16% service charge)	\$ _____
3. Other charges (When Applicable):	a. Meals, Internet, Phone Calls, etc.: _____ b. Taxi: _____
4. Total Authorized Charges: (Excluding VAT)	\$ _____

Department: _____ Ext No.: _____

Cost Center (7 Segments): _____ / _____ / _____ / _____ / _____ / _____ / _____

Authorized by: _____

Signature: _____

The University will not be responsible for any charges incurred by the guest other than those authorized above in No. 2 and 3.

Guest Signature _____ Date _____

The Hotel must submit this form to the Office of the Comptroller after the guest checks out, together with an original invoice and copies of the guest's folio.