



Sansom Common
 3600 Sansom Street
 Philadelphia, PA 19104
 Tel: 215-222-0200
 Fax: 215-222-4600

Children's Hospital Billing Authorization

Part I. Reservation Information

Name of Guest or Group	
Purpose of Stay	
Reservation Made By	Phone Number
Reservation Confirmed By	Date

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

Part III Billing Information

Children's Hospital of Philadelphia		
Department Name		
Sent 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