



The City of
OKLAHOMA CITY
 Finance Department
 City Treasurer's Office

Hotel Room Tax Exemption Form

_____ Hotel Name

_____ Certificate #

OCCUPANCY DATE(S)		NIGHTS ROOM OCCUPIED	NO. OF ROOMS	ROOM RATE	TOTAL AMOUNT EXEMPTED	NAME OF OCCUPANT	NAME OF ORGANIZATION/AGENCY	REASON FOR EXEMPTION *	FEDERAL GOVERNMENT TRAVEL CREDIT CARD First 6 digits						
Original Check-In	Check-Out														

NOTE: Exemptions are only valid when paid directly by the exempt organization. Exemptions will not be allowed unless complete information is provided above. Exemptions should be claimed in the month of accrual. Prior period exemptions will be disallowed.
 TOTAL AMOUNT EXEMPT (this page) \$ _____

IMPORTANT: Please retain a copy for your records.
 * Select one of the exempt categories as listed on the individual exemption forms.

The undersigned, being the manager/owner, hereby certifies that the accommodations herein were paid directly by the organization/agency for the occupant as a user exempted under specific State or Local Law.
 I certify that the above is a true record of the amount of Tax Exempt accommodations.

Signature

Date