



DIRECT BILL RESERVATION FORM
Portland State University

Guest Name:

Arrival Date: Departure Date:

Billing Contact:

Department:

Index # If Foundation index, see below

Billing Phone: Billing Email:

Business Purpose

Approved Charges
Rate (Unit Price) #Nights (Qty.) Total Cost:

The Guest will be asked to leave a Credit Card on file at Check-in to cover all Incidental Charges.
By signing this document, you are agreeing to pay the approved charges for this reservation within
30 days of receipt of an invoice from The Hotel Zags.

Department Authorized Approver: _____
If Foundation index, send to accountspayable@psuf.org for signature

Printed Name & Title: _____

Date: _____

Please Send Completed Form Back to sales@thehotelzags.com

Hotel to Complete

Confirmation Number: _____

Invoice Sent: _____

Date: _____