

Government Employee Exemption Claim Form

(Guest Complete) ALL AREAS OF THE FORM MUST BE COMPLETED

Employee Name:		
Address:		
City:	State:	Zip Code:
Work Phone: ()	Home Phone ()	
Level of Government Agency: <div style="display: flex; justify-content: space-around; text-align: center;"> State Federal Foreign Government </div>		
Government Agency Name:		
(Lodging Personnel Only)		
Check in date	Check out date	
<p>Type of documentation obtained to prove guest is on government business</p> <p>___ Travel orders from the government employer</p> <p>___ A government warrant issued to pay for the occupancy</p> <p>___ A government credit card to pay for the occupancy</p> <p>___ A government exemption certificate</p>		
Lodging Personnel Signature:		Date: