



# Hotel/Motel Room Tax Exemption

The undersigned, being the purchaser, hereby certifies that the accommodations herein were purchased by occupant as a user exempted under specific State or Local Law.

Occupancy Date		Number of Rooms	Nights Room Occupied	Room Rate	Total Amount Exempted	Organization Name	Occupant Name	Reason for Exemption*
BEGIN	ENDED							

\*Select one of the exempt categories as listed on the individual exemption forms.

Total Amount Exempt (this page) \_\_\_\_\_

Signature: \_\_\_\_\_

**IMPORTANT:** Please keep a copy for your records.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_