UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER ACCOUNTS PAYABLE DEPARTMENT APPLICATION FOR DIRECT BILLING OF HOTEL

***ALL FIELDS MANDATORY**

*Date: _____

*Department Name: _____

*Traveler's Name: First_____ Middle_____ Last_____

*Chart of Accounts: _____

*Personnel Number: _____

*Purpose of Trip:

_____

Accompanied By (If Applicable): _____

*DIRECT BILL HOTEL requested list 3 choices when applicable:

_____

* Arrive date: _____

*Departure date: _____

*Departmental Approval: _____ Date: _____

*Prepared by: _____ *Date: _____

CBO Approval (Required if traveler is accompanied): _____

TO BE COMPLETED BY ACCOUNTS PAYABLE OFFICE

Hotel confirmation: _____Cancellation: _____

Invoice: _____ Date Paid: _____

Completed by: _____

T25 FORM REVISED 3/23/2026