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| ulatc2l-blu.png | **University Credit Card Authorisation**  **Accommodation**  **FS84** |

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| --- | --- | --- | --- |
| **1. SUPPLIER DETAILS** | | | |
| **Supplier Name** |  | | |
| **Supplier Address** |  | | |
| **Supplier ABN** |  | | |
| **Contact Phone Number** |  | **Contact Fax Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. GUEST DETAILS** | | | |
| **Guest Name** |  | | |
| **Confirmation Number** |  | | |
| **Arrival Date** |  | **Departure Date** |  |

|  |  |
| --- | --- |
| **3. PAYMENT DETAILS** | |
| **Card Type** | VISA |
| **Credit Card Number** |  |
| **Expiry Date** |  |
| **Cardholder Name** |  |
| **Cardholder Signature** |  |
| **Contact Phone Number:** |  |
| **Please debit the University of South Australia VISA credit card for the charges authorised below:** | |
| |  |  |  |  | | --- | --- | --- | --- | | 🞎 | Accommodation only | 🞎 | Accommodation & Breakfast | | 🞎 | Accommodation and Meals | 🞎 | All Charges | | 🞎 | Other, please specify: | | | | |
| **Billing Address** | **University of South Australia**  GPO Box 2471  Adelaide SA 5001 |
| **ABN** | 37 191 313 308 |
| **Please forward a receipt or tax invoice to:** | @unisa.edu.au |

* Once complete, please fax/email the hotel directly or the Travel Service Provider that made your reservation, prior to the guest arriving to ensure that the guest is not asked for payment on check-in.
* Please advise the traveler that the invoice they receive during checkout is required to be handed to the above cardholder upon their return.
* If you have any queries relating to the use of this form, please contact the University Travel Team on +61 8 8302 6430 or locally on 8302 6430.