



CALIFORNIA STATE UNIVERSITY CHICO  
FINANCIAL SERVICES

ACCOUNTS PAYABLE  
KENDALL HALL ROOM 208  
CHICO, CA 95929-0243  
530-898-6426  
www.csuchico.edu/ap

**Hotel/Motel Transient  
Occupancy Tax Waiver  
(Exemption Certificate  
for State Agencies)**

**Purpose:** This form to be completed and retained by hotel/motel operator.

**HOTEL/MOTEL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**STATE AGENCY INFORMATION**

This is to certify that I, the undersigned traveler, am a representative or employee of the State agency indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative or employee of the State of California.

**Dates of Occupancy:** \_\_\_\_\_

**State Agency and Address:** California State University, Chico  
400 West First Street  
Chico, CA 95929-0243

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Traveler: \_\_\_\_\_  
SIGNATURE PRINT NAME DATE