



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