

**HOTEL / MOTEL TRANSIENT OCCUPANCY TAX WAIVER
(EXEMPTION CERTIFICATE FOR STATE AGENCIES)**

HOTEL MOTEL OPERATORS: RETAIN THIS WAIVER FOR YOUR FILES TO SUBSTANTIATE YOUR REPORTS
(PARTICIPATION BY OPERATORS IS STRICTLY VOLUNTARY)

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HOTEL / MOTEL NAME

DATE

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HOTEL / MOTEL ADDRESS (NUMBER, STREET, STATE, ZIP CODE)

This is to certify that I, the undersigned traveler, am a representative or employee of the State Agency indicated below; that the charge 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.

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OCCUPANCY DATES

\$

AMOUNT PAID

California State University, Fullerton

STATE AGENCY NAME

800 North State College Blvd. Fullerton, California 92834
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HEADQUARTERS ADDRESS

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TRAVELER'S NAME (PRINT OR TYPE)

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

Fullerton, California

EXECUTED AT: (CITY, STATE)

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TRAVELER'S SIGNATURE

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DATE SIGNED
