

# Housing Assignments Office Charge Authorization Form

Housing Assignments Office

1855 Place  
550 S. Harrison Road  
517-884-5483

Policies and procedures regarding charging the cost of University housing (Residence Halls and University Apartments) to a departmental account is provided in Section 70 of the Manual of Business Procedures. This worksheet documents the business purpose of the housing charge along with other information specific to the individual. The information requested determines any additional reporting that may need to take place (W-2, 1099-MISC, Financial Aid).

Please answer **all** of the following questions:

- 1) Name of Guest: \_\_\_\_\_
- 2) Time period of rental: \_\_\_\_\_
- 3) Business affiliation: \_\_\_\_\_
- 4) Is the individual being compensated by MSU?  Yes  No
- 5) Guest status (check only one):
  - Compensated Consultant, Visiting Researcher, Lecturer, or Collaborator
  - Non-compensated Consultant, Visiting Researcher, Lecturer, or Collaborator
  - MSU Student (Undergraduate, Graduate, or PhD)
  - MSU Employee
- 6) Business purpose for incurring expense:  MSU research/instruction  Working on their own research/education  Other: \_\_\_\_\_
- 7) Citizenship status:  U.S. Citizen  Non-Resident Alien (NRA)
- 8) If not a U.S. citizen, please provide: Visa type (e.g. F1, J1) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

(Please note that University accounts CANNOT be charged for Visa type B2 unless the guest and his/her host department have completed MSU form, "Certification for International Visitors Entering the U.S. With B1/WB1 or B2/WB2 Visa status". See Manual of Business Procedures Section 77, Exhibit 77-D).

As Fiscal Officer or Fiscal Officer Delegate, I acknowledge, by signing this document on behalf of the \_\_\_\_\_.

to pay for \_\_\_\_\_ lodging for \_\_\_\_\_. The rate per night \_\_\_\_\_ or \_\_\_\_\_ regardless if resident  
**Number of People**                      **Number of Nights**                      **Based on double occupancy**      **Based on single occupancy**  
signs up for single or double room. \_\_\_\_\_ **FO/FO Delegate initials**      \_\_\_\_\_ **Dean/Director/Chairperson Initials**

The reservation process will commence only when documentation is filled out accurately and charge authorization is signed by Fiscal Officer, Fiscal Officer Delegate.

Department Name: \_\_\_\_\_ Estimated Charge to Account number \$ \_\_\_\_\_  
Department Account #: \_\_\_\_\_ Sub Acct \_\_\_\_\_  
Department Contact Name: \_\_\_\_\_ Department Contact Phone: \_\_\_\_\_  
Department Contact Email: \_\_\_\_\_

Fiscal Officer/Fiscal Officer Delegate Only _____	Dept. Dean/Director _____
<b>Print Name</b>	<b>Print Name</b>
Fiscal Officer/Fiscal Officer Delegate Only _____	Dept. Dean/Director _____
<b>Signature</b>	<b>Signature</b>