



Aloft Chapel Hill
UNC Vendor # 0000046205

AUTHORIZATION FOR UNC BILLING

This document will serve as written authorization for UNC to pay for a guest's charges for their stay at the **ALOFT CHAPEL HILL**, 1001 South Hamilton Road, Chapel Hill, NC 27517, (919) 932-7772

Reservation made by: _____

Email address: _____

Guest's full name: _____

Group name: _____

Dates of stay: _____

Please send invoice to: _____

Email address: _____

Phone number: _____

UNC AGREES TO PAY FOR THE FOLLOWING:

_____ ALL CHARGES

_____ Room & Tax Only

_____ Parking Fees

_____ Breakfast [Limit to \$_____ per day]

Please email this billing request form to: Kimberly.Connor@marriott.com & Marika.robby@marriott.com