

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

Date:

Hotel/Motel Name:

Retain this waiver for your files to substantiate your reports. Participation by operators is strictly voluntary.

Hotel/Motel Address:

(Number, Street, City, State, Zipcode)

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.

Amount Paid:

State Agency: Sonoma State University
1801 E. Cotati Avenue
Rohnert Park, CA 94928

Occupancy Dates:

Traveler Name:

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

EXECUTED AT: , CA.
(City)

(Traveler Signature)

(Date)