

To Whom It May Concern,

This form is to request you to certify for the lodgment which was made by the person below.

"The reasons are as follows;

The lodgment is associated with research trip with Public Research Fund.

The person is required to submit this certificate of stay to the Office.

We would like you to fill out the form on the bottom " to be completed by the hotel/accommodation."

We sincerely thank you for your cooperation.

AoyamaGakuin University  
4-4-25 Shibuya, Shibuya-ku, Tokyo 150-8366, JAPAN

住宿证明 Certificate of Stay in Accommodation

特此证明以下人士曾在我宾馆（酒店）住宿过。

We affirm that the person below stayed at our accommodation.

【住宿处填写栏】 (To be completed by the hotel/accommodation)

住宿人姓名 Name of the guest	
住宿日期 Period of stay	/ / ~ / / ( night(s)) date /month /year ~ date /month /year
Date of Affirmation	/ / date /month /year
Name of Accommodation	Address: tel:
Front desk manager (Manager of the Accommodation)	(Signature or Seal)

(大学使用栏)

			受理

# 住宿证明

特此证明以下人士曾在我宾馆（酒店）住宿过。

## 【住宿处填写栏】

姓名	
住宿日期	(请填写住宿年月日及天数) 年 月 日 ~ 年 月 日 ( 晚 天)
证明日期 (出具本证明的日期)	年 月 日
宾馆（酒店）名称	地址： 电话号码：
代表人姓名、印章 (或者公司名称、公章或者经办人印章)	⑨

〒150-8366 日本国东京都涩谷区涩谷 4-4-25  
青山学院大学

(大学使用栏)

			受理