Dear Sir or Madam,

On behalf of your establishment, you are being asked to fill out a short form by a representative of Aoyama Gakuin University. In order to be reimbursed for travel expenses from our research funds, all representatives from our university are required to provide receipts for lodging. The form below serves as an official receipt in cases where an individual hotel or accommodation receipt is unattainable.

May we ask you to fill out the form below as the owner, manager, or general employee of the establishment? We apologize for this imposition, but this is a necessary part of our auditing system.

Please accept our sincere thanks for your cooperation in this matter.

Aoyama Gakuin University

4-4-25 Shibuya, Shibuya-ku,

Tokyo 150-8366, JAPAN

宿泊証明書Verification of Accommodation

下記の方が、当ホテルにご宿泊いただきましたことを証明いたします。

We confirm that the person below stayed at our establishment on the dates stipulated below.

【宿泊先記入欄】 (To be completed by the hotel/place of lodging)

|  |  |
| --- | --- |
| 宿泊者名Name of guest |  |
| 宿泊日Period of stay |  /　　　　/　　　　~　　　　/　　　　/ （　　night(s)）date　/month　/year　~　date　/month　/year |
| Date signed (Today’s date) |  /　　　　/　　　　date　/month　/year　 |
| Name of Establishment (you may attach a business card or print out of this information) | Address:tel: |
| Front desk employee or manager. | (Signature or Seal) |

（大学使用欄）

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | 受付 |
|  |  |  |  |

宿泊証明書

下記の方が、当ホテルにご宿泊いただきましたことを証明いたします。

【宿泊先ご記入欄】

|  |  |
| --- | --- |
| 氏名 |  |
| 宿泊期間 | （年月日および泊数を記入）　　　年　　　月　　　日　～　　　年　　　月　　　日（　　泊　　日） |
| 証明日付（本紙をご記入いただいた日にち） | 　　　年　　　月　　　日 |
| 施設名 | 所在地：電話番号： |
| 代表者名、印（または社名、社判もしくは担当者印） | ㊞ |

〒150-8366東京都渋谷区渋谷4-4-25

青山学院大学

（大学使用欄）

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | 受付 |
|  |  |  |  |