LOUISIANA DEPARTMENT of REVENUE

Governmental Employees Travel Sales/Use Tax Exemption Certificate

Louisiana Revised Statute 47:301(8)(c)
Louisiana Stadium and Exposition District
New Orleans Exhibition Hall Authority

This certificate is for use only by employees of the United States government, the State of Louisiana and its political subdivisions.

| Employee Name | Government Agency University of Louisiana Monroe | | | |
|--|--|---------------------|--------------------------------------|--|
| Agency Address 700 University Avenue | | | | |
| City Monroe | State LA | ZIP 71209 | Agency Contact Number (318) 342-1040 | |
| Authorized Dates of Travel (mm/dd/yyyy - mm/dd/yyyy) | Destination | | | |

This certifies that the employee named above is an employee of the above named government agency and that the travel expenses incurred are necessitated by the employee's conduct of the official business of this government agency. These expenses are required to be accounted for to his government agency employer and are reimbursable by the government agency to the employee in the actual amount incurred. The government agency named above claims exemption from the payment of state and local sales taxes. For hotel room rental charges (hotel/lodging costs), this exemption certificate is also valid for an exemption from the payment of Louisiana Stadium and Exposition District and New Orleans Exhibition Hall Authority occupancy taxes. This exemption certificate does not exempt the employee from payment of local hotel occupancy taxes in other jurisdictions. For additional information regarding hotel occupancy taxes in other jurisdictions, please contact the jurisdiction directly.

Under penalty of perjury, I declare that I have examined this exemption certificate and accompanying documents, and to the best of my knowledge and belief it is true, correct, and complete.

Authorization

Employee Signature

Date (mm/dd/yyyy)

Government Agency Representative (other than employee)

Nicole Walker

Government Agency Representative Signature

Government Agency Representative Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

O1/21/2025

| | Hotel/Lodging Information (To Be Completed By Hotel) | |
|--|---|--|
| Hotel Name | | |
| Dates of Employee's Stay (mm/dd/yyyy-mm/dd/yyyy) | | |

| Vehicle Rental Information (To Be Completed by Vehicle Rental Dealer) | | | |
|---|--|-----------------------------------|--|
| Vehicle Rental Dealer | | Vehicle Rental Reservation Number | |
| Dates of Vehicle Rental | | | |

| Vehicle Parking Information (To Be Completed by Vehicle Parking Dealer) | | | | |
|---|--|--|--|--|
| Vehicle Parking Dealer | Vehicle Parking Reservation Number (if applicable) | | | |
| Dates of Vehicle Parking | | | | |