EXEMPT ORGANIZATION'S ATTESTATION OF DIRECT BILLING STATE OF FLORIDA

I, the undersigned, am a representative of the exempt governmental or nonprofit organization identified below. The purchase or lease of tangible personal property and/or services or the rental of living accommodations made on the dates listed below is for use by and directly paid by the exempt organization identified below.

organization identified below.	
The charges for purchase or lease of tangible personal property, banque accommodations from/ to/	
If the charges for purchase or lease of tangible personal property, service accommodations are paid by credit card, I attest that the credit card use organization identified below, in the name of the exempt organization is directly paid by the funds of the organization.	d is issued directly by the exempt
Under penalty of perjury, I declare that I have read the foregoing and the	hat the facts stated in it are true.
Authorized signature on behalf of the exempt entity:	Date:
Please print name & title of the representative:	
Name of exempt entity:	
Type of exempt entity:	
Exempt Entity Consumer's Certificate of Exemption No (Form DR-14)	:
Exempt Entity Consumer's Certificate of Exemption (Form DR-14) Ex	piration date:
Address of exempt entity:	
Phone number of exempt entity:	
Email contact of exempt entity:	
IMPORTANT NOTE: THIS LETTER MAY NOT BE USED TO SOR LEASES OF TANGIBLE PERSONAL PROPERTY, SERVIC ACCOMMODATIONS FOR THE PERSONAL USE OF, OR IND ANY INDIVIDUAL REPRESENTING THE EXEMPT ENTITY A MADE WITH A CREDIT CARD BILLED TO THE EMPLOYEE THE PURCHASE DOES NOT QUALIFY FOR EXEMPTION	ES, OR LIVING IVIDUALLY BILLED TO, BOVE. IF THE PURCHASE IS
Name of Hotel:	
Address of Hotel:	