

Social Services District Representative

Title

		ŀ	lotel /	Motel Rate	Submis	ssion			
Social Services District:	Federal EIN#:						Vendor ID (BICS)#:		
Contact Person:									
Hotel/Motel	Street Address	City	Zip Code	Federal EIN	BICS Vendor ID#	Contracted Daily Shelter Rate	Standard Commercial Daily Rate	Term of Contract	Notes:

Date