

BOSTON COLLEGE

Office of Auxiliary Services - OneCard Office

129 Lake Street, 3rd floor Brighton, MA 02135 Phone: (617) 552-6650

CONFERENCE CARD REQUEST FORM – External Groups

Organization Name:		
Event Name:	Event Start Date:	Event End Date:
Organization Contact Name:		
Contact Phone Number:	Contact Email:	
Exempt from MA Meals Sales Tax:	Yes, we are meals tax exer	npt No, we are not meals tax exempt
** (If TAX EXEMPT from Massachusetts sales Please email form to <u>OneCard@bc.edu</u> with '		
Meals sold to the following buyers are not 501(c)(3) organizations: Meals sold to orga Revenue Code (certain religious, education groups buying meals as agents on behalf of to conduct its exempt enterprise.	nizations that are tax-exempt un al, charitable, or scientific organi:	
 To claim the exemption, the buyer and its a A properly completed copy of a Sa A copy of the exempt organization 	eles Tax Exempt Purchaser Certific	cate (Form ST-5)
Description of Use (Please include the	e locations where you plan to u	se the cards and business purpose):
Number of cards: Amor	unt per card: Tota	value of all cards:
Card Fee (\$1 x # cards):		
Total cost to be paid by credit card:		
	** PLEASE NOTE**	
* A fee of \$1.00 for each card will be ac	-	
 * Advanced credit card payments are re balances will be refunded to the origi 		
		locations exclusively for specified business
* Cards will expire at the end of the even		
	ayment for specific purposes at Bo	Massachusetts law. Instead, these cards are oston College. They are restricted to the
* A payment link will be provided after r		
Signature of Contact:		Date: