



**LOUISIANA  
DEPARTMENT  
of REVENUE**

**Governmental Employees Travel  
Sales/Use Tax Exemption Certificate**

*Louisiana Revised Statute 47:305.7(A)(1)  
Louisiana Stadium and Exposition District  
New Orleans Exhibition Hall Authority*

**For questions about this form  
please contact:**

Louisiana Department of Revenue  
Phone: (855) 307-3893  
Email: [Sales.Inquiries@la.gov](mailto:Sales.Inquiries@la.gov)

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	
		<b>University of New Orleans</b>	
Agency Address			
<b>2000 Lakeshore Drive</b>			
City	State	ZIP	Agency Contact Number
<b>New Orleans</b>	<b>LA</b>	<b>70148</b>	<b>(504) 280-6209</b>
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/her 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)	Government Agency Representative Title (other than employee)
<b>Gretchen H. Smith</b>	<b>Program Administrator Travel</b>
Government Agency Representative Signature	Date (mm/dd/yyyy)
<i>Gretchen H. Smith</i>	<b>03/17/2026</b>

**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	

**Notice to Dealer: Report this sale on the appropriate line of the Louisiana Hotel/Motel sales tax return as exempt room rentals.**