



Department of Veterans Affairs  
Medical Center  
3710 Southwest U.S. Veterans Hospital Road  
Portland OR 97207

In Reply Refer To: 648/P4FISCT

\*\*\*\*\* TAX EXEMPTION CERTIFICATE \*\*\*\*\*

EXEMPTION FROM PAYING STATE AND LOCAL TAXES  
ON LODGING

TO: \_\_\_\_\_  
Name of Hotel, Apartment Hotel or Lodging

DATES OF OCCUPANCY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

This is to certify that I, the undersigned, am an employee of the federal government; that the charges for occupancy on the dates set forth at the above establishment were incurred in the performance of my official duties as an employee of the Department of Veterans Affairs.

\_\_\_\_\_  
Signature of DVA Employee

Dated: \_\_\_\_\_