Name of (Check one box) Exempt Organization U Qualifying (
Sount Josephic College				0	1 - 0	er Identification	TU2-
Address of Exempt Organization or Qualifying Governmental Agency				Conne	ecticut Exe	mption Permi	t Number (If any)
278 United Bridge Pd	Standi	SH HE	04084				5 X2
(If the exempt organization was not issued a Connecticut exemption permit (E)	E-number), attach	a copy of the exemp	organization's I.R.	.C. §501(c)	(3) or (13)	determinatio	n letter.)
Samo of the Committee	^				Check	k Appropriate	Box(es)
Address of Retailer	0				Q.	Meals	Lodging Lodging
Describe Purpose or Reason for Events: (Be specific. For example, meeting o	e Ro	Wask	erfod	C	7		
Will the exempt organization or qualifying agency receive reimburses full or partial, for any or all of the meals or lodging?	Cont un	CT. Col	lece At	dging din	ectly invo	event	ge the agency
Will a charge, by whatever name called, be made for the meals or lod	iging Will the	agency or organiz			ler of the		
by the exempt organization or qualifying governmental agency to the will consume the meals or lodging?	ose with a ch	neck drawn on its own name (and n	own checking ac	count or	with a cre	dit card issurs, employe	ed in its west or officers)?
						12 Yes	□ No
Declaration by Exempt O)rganizatio	n or Qualifyi	ng Governr	nental	Agend	у	
declare that the exempt organization or qualifying government	ental agency:						
 Is being directly invoiced and charged by the retailer; Is directly paying the retailer with a check drawn on its Will not be reimbursed, directly or indirectly, by donatio meals or lodging. 	own account o	or with a credit or e, for all or a por	card issued in i	ts own n	ame an	d E	those consuming t
meals or lodging							mose communing t
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Submit this certificate for approval to: Department of Revenue Services
Exempt Organization Coordinator
450 Columbus Blvd Ste 1
Hartford CT 06103-1837

CERT-123 (Back) (Rev. 01/05)