



Maryborough District  
Health Service

## Governance Manse Accommodation Agreement

Form No.

1.25a

<b>Author/Reviewer:</b>	<i>Executive Project Officer</i>	<b>Review date:</b>	<i>21/04/2009</i>
<b>Endorsed by:</b>	<i>Board of Management</i>	<b>Review due:</b>	<i>21/04/2012</i>
<b>Validated by:</b>	<i>CEO</i>	<b>Original date:</b>	<i>21/04/2009</i>
<b>Form replaced:</b>	<i>N/A</i>	<b>Distribution:</b>	<i>Intranet/Policy Manuals</i>
		<b>Applies to:</b>	<i>Guests of the Manse</i>

**Related Policies & Procedures:**

*Governance Policy 1.25 – Manse Accommodation*

**Reference(s):**

## The Manse Accommodation Agreement

Name: .....

University (if applicable): .....

Address: .....

Post Code: ..... Phone No: .....

Email: .....

Dates of stay: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ (inclusive) ( \_\_\_ nights)

	Yes	No
I understand that The Manse charge is \$20 (inclusive of GST) per person, per night.		
I have read The Manse Policy and agree to abide by the terms and conditions as described.		
I understand that I need to return this Agreement to main reception prior to my stay at The Manse.		
I agree that I am responsible for ensuring that The Manse accommodation charges are paid in full.		
I agree that I will not remove any items belonging to MDHS or other tenants.		
I agree that I will pay for any damages incurred by me during my stay at the Manse.		
I agree to pay \$50 deposit for the key.		
I agree to return the key on my departure and understand that, if the key is not returned, my \$50 deposit will not be refunded.		

Please Sign: ..... Date: .....  
*(copy to be given to client once signed)*

**Office Use Only**

Invoice Number	Invoice Date	Amount \$