

LODGING APPROVAL LETTER

Approval is required for lodging exceeding the Per Diem Rates for the destination. The Authority granted by the State Office of Travel-PPM49 guidelines.

DATE: _____ NAME OF TRAVELER: _____

REIMBURSEMENT AMOUNT: \$ _____ STATE LODGING ALLOWABLE RATE: \$ _____

DURATION: _____ DESTINATION(S): _____

PURPOSE:

JUSTIFICATION:

Please explain and attach all documents from hotels showing attempts were made. Justification must be maintained in the file to show that attempts were made with the conference hotel(s) and/or hotels in the area to receive the state/best rate before travel. Attach additional pages if needed.

REQUESTED BY: _____ TRAVELER _____ DATE _____

APPROVED BY: _____ DEPARTMENT HEAD/SUPERVISOR _____ DATE _____

----- **FOR OFFICE USE ONLY** -----

APPROVED BY: _____ VC OF FINANCE AND ADMINISTRATION, SULC _____ DATE _____

APPROVED

DISAPPROVED

_____ CHANCELLOR, SULC _____ DATE _____