

Lodging Approval Letter

Approval is required for any lodging exceeding the GSA Lodging Per Diem Rates for the destination.: the authority granted by the State Office of Travel-PPM49 guidelines.

Date: _____ Name of Traveler: _____

Lodging Nightly Rate \$ _____ GSA Lodging Per Diem Nightly Allowable Rate \$ _____
(Please attached a copy of the GSA 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: _____
AVP/SR. Administrative Operations Officer _____ Date _____

Approved _____
 Disapproved _____
Chancellor, SUBR _____ Date _____