

PRE-APPROVAL

Third party lodging is **not allowed** unless approved by the Supervisor/Fund Manager and Controller **in advance** of the travel. Requests for third party lodging must provide evidence of savings to the University. Travelers must provide details regarding arrangement, including 1) amount to be charged, 2) length of stay, 3) leasing information. **A signed rental agreement must be presented to be considered for reimbursement** (Section 5.2.4 Third Party Lodging, State Budget Manual).

Contact's Name	Contact's Ema	ail	Business Purpose of Travel
Traveler's Name (s)	# of Occupants		Destination of Business Travel
*Atta	# of Nights** ch list of additional traveler's		uests cannot be submitted for more than 365 nights.
Dates of Travel to	If this is for non-em	ployee travel, includ	ing students, explain the benefit to University.
Amounts to be Reimbursed ¹	³ To calculate the Estimated Daily Rate, use the following formula: Total lodging amount ÷ (# of occupants x # of nights)		
Fund to Charge	1 If the agreement calls for payment to a foreign currency, do not convert to USD. List the cost as stated on the lease (i.e. CZK 8,800). Approval will be determined based on exchange rate at the time of approval. If total amount charged does not match the lease, please provide an explanation. 2 State Rates: In-State \$89.10 Out-of-State \$105.20 3 If the unit is shared by several individuals, split cost evenly (or pro-rate if lengths of stay vary).		
Estimated Daily Rate/Person ³			
 Does the daily rate exceed the State approved daily rate?² NO> Please submit this form along with a copy of the lease agreement. YES> Go to question 2. Does the daily rate exceed standard mid-range hotel rates in the area? NO> Please submit this form along with a copy of the lease hotels in the vicinity of the travel destination. YES> Go to question 3. Since your request does not show a cost savings, what 		Attestation by Lessee By signing below, I attest that I, nor any member of my family, do not own or have interest in the requested lodging. For the purpose of this attestation, family includes brothers, sisters (whole or half-blood), spouse, ancestors and lineal descendants, a family member of the employee's brother, sister (whole or half-blood), spouse, ancestor or lineal descendant. A third-party lodging lease agreement with other entities in which an employee or a family has an interest is also prohibited.	
		Lessee Signature	Date
Supervisor/Eund Manager Signature	Data	Controller/Controlle	ar's Designed Signature Date