

PRE-APPROVAL

Reimbursement for lodging in a non-commercial establishment that is being rented out by a third party is **not allowed** unless approved by the Dean/Vice Chancellor 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 5.1.8 Third Party Lodging, State Budget Manual).

Contact's Name	Contact's Email	Business Po	urpose of Travel
Traveler's Name (s)	of Occupants	Destination of	Business Travel
	f of Nights**	**Requests cannot be submitte	ed for more than 365 nights.
Dates of Travel to	If this is for non emplo	yee travel, including students, explain t	he 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 Estimated Daily Rate/Person ³	Presental Agreement Attached 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 requested reimbursement amount does not match the lease, please provide an explanation. 2 State Rates: In-State \$71.20 Out-of-State \$84.10 3 If the unit is shared by several individuals, split cost evenly (or pro-rate if lengths of stay vary).		
 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 extenuating circumstances support the request? 		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.	
	-L	essee Signature	Date

Questions? Contact Travel at: acctpayablestaff@wssu.edu