## Lodging Exception Form

Го:	
	(your President/VP)
From:	(your department)
Date:	
Nai	me of individual traveling:
Tra	vel Voucher #:
Pca	ard Transaction #:
Aco	count #:
Des	stination:
Exc	ception Amount: \$ @ Nights
(The	e lodging exception amount is the difference between the room rate before taxes and the allowable rate for the area.)
	ason for the exception (least costly accommodations available in the area, site necessary conduct official University business, etc.):

The above named individual has requested reimbursement of motel/hotel accommodations in excess of state rates. If you wish to approve this exception, please sign in the space provided and return to Travel Services, SH220. With your approval, the traveler will be reimbursed in full for lodging. A report will be compiled and submitted quarterly to the Travel Control Board detailing the exceptions granted during the quarter. The Travel Control Board will then either approve or disapprove the exceptions submitted.

If you have any questions or need additional information, please feel free to contact the Business Office at 298-1811.

Signature:

(President/VP)

(Attach this form to the Travel Voucher and submit to appropriate President/VP for signature. If paid by pcard, please attach to pcard transaction in PaymentNet.)