

Reimbursement for lodging in a non-commercial establishment that is being rented out by a third party is not allowed unless approved by the Controller's Office in advance of travel. Requests for third party lodging must provide evidence of savings to the university. An exception may be granted for requests that do not show a savings with sufficient justification to support the necessity for the third party lodging. Applicants must provide details regarding the arrangement, including (1) amount to be charged, (2) the length of stay, and (3) leasing information. **A signed rental agreement must be presented to receive reimbursement** (Section 5.1.8 Third Party Lodging, State Budget Manual).

Contact for Request

Email of Contact

Business Purpose of Travel

Names of the Travelers

# of Occupants

Travel Dates

to

# of Nights

\*Requests cannot be submitted for more than 365 nights

Destination of Business Travel

Address of Lodging

# of Bedrooms

If student travel, what is the benefit to the university?

- Enhancing the visibility of university state supported programs to its peers, and future or current customers
- Exchanging information and knowledge relevant to improving state funded program services
- Enhancing skills relevant to improving volunteer services that support state funded programs
- Other similar activities that relate to services supported by the state.

City State Zip Country

Amount Requested of Reimbursement

\*If the lease agreement calls for payment in a foreign currency, **do not convert into 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 the total requested reimbursement amount does not match the lease, please provide an explanation.

Funding Project(s)

Estimated Daily Rate/Person

To calculate the Estimated Daily Rate, use the following formula:

$$\text{Total lodging amount} \div (\# \text{ of occupants} \times \# \text{ of nights}) =$$

\*If the unit is shared by several individuals, split cost evenly and pro-rate if lengths of stay vary.

1. Does the daily rate exceed the State approved daily rate?  
**NO** → Please submit this form along with a copy of the lease agreement.  
**YES** → Go to question #2.
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 agreement and the nightly rate of three standard mid-range hotels **in the vicinity of the travel destination**.  
**YES** → Go to question #3.
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.

Signature Date

Department Head or Designee Approval

Signature Date

Office Use Only

Travel Manager  Approved  Denied  Approved with Exception, as documented on attachment Date

Chancellor or Designee  Approved  Denied  Approved with Exception, as documented on attachment Date