

EXCESS LODGING RATE REQUEST / APPROVAL

Developed from the State of California – Department of Personnel Administration Form

Prior approval is required for amounts that exceed the delegated State lodging rates.

CLAIMANT'S NAME	OFFICE ADDRESS (City, State and ZIP Code)	COUNTY
WORK PHONE NUMBER	E-MAIL ADDRESS	

ADVANCE APPROVAL REQUIRED (Attach documentation [i.e., copies of agenda, lodging requirements, registration, etc.]

- Regular travel over current state rate up to \$150.00 per night.
 Conferences, meetings and conventions up to \$150.00 per night.

CURRENT STATE LODGING REIMBURSEMENT RATES:

All California counties not listed below	Actual expense supported by a receipt up to \$90 per night, plus tax
Napa, Riverside and Sacramento Counties	Actual expense supported by a receipt up to \$95 per night, plus tax
Los Angeles, Orange, Ventura Counties and Edwards AFB	Actual expense supported by a receipt up to \$120 per night, plus tax
Alameda, Monterey, Santa Clara and San Mateo counties and San Diego Counties	Actual expense supported by a receipt up to \$125 per night, plus tax
San Francisco County and the City of Santa Monica	Actual expense supported by a receipt up to \$150 per night, plus tax

TRAVEL DATES	FROM (MM/DD/YYYY)	LODGING INFORMATION	LODGING NAME
	TO (MM/DD/YYYY)		ADDRESS
POINT OF ORIGIN		CITY, STATE, ZIP CODE	
DESTINATION (Address, City, State and ZIP Code)		PHONE	ROOM RATE \$
REASON FOR TRIP			

REASON(S) FOR HIGHER LODGING RATE

- | | |
|--|---|
| <input type="checkbox"/> Employee is required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee requires "reasonable accommodation." | <input type="checkbox"/> No alternative lodging available. |
| <input type="checkbox"/> UC business will be conducted in late night meetings. | <input type="checkbox"/> Emergency travel. |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other. Please specify: _____ |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging rates from 3 vendors requesting the state rate for the location of travel.

I request prior approval of a lodging rate in excess of the state maximum rate for this destination.

CLAIMANT'S SIGNATURE 	CLAIMANT'S TITLE	DATE SIGNED (MM/DD/YYYY)
COUNTY CONTACT NAME	COUNTY	COUNTY CONTACT'S PHONE NUMBER
COUNTY CONTACT (Signature) 	COUNTY CONTACT'S TITLE	DATE APPROVED BY COUNTY (MM/DD/YYYY)
STATE OFFICE APPROVAL (Signature) 	STATE OFFICE APPROVER'S TITLE	DATE APPROVED BY STATE OFFICE (MM/DD/YYYY)

*Note: Excess lodging requests need to be approved in advance of the travel. The final approved copy needs to be submitted with your travel receipts in MyTravel.