Print

Request To Increase Maximum Lodging Rate

Reset Form

Name(s) of Traveler(s)		
Designated headquarters of traveler(s)	Check In Date	Check Out Date
Name of lodging establishment	Rate Requested	Federal Max.
City (Duty Point)	County	State

Reason for Request

☐ **No safe lodging available**

If it is determined that no safe lodging is available for less than or equal to the maximum lodging reimbursement rate for the duty point, list the travel agent's name, travel agency, and phone number.

☐ **Decreased total cost**

If it is determined that approval of the request would result in a decreased total cost of travel, document the potential cost savings to the state.

☐ **Other**

For any other business reason, document all relevant circumstances.

Traveler(s) and Agency representative must sign below	
Traveler 1	Traveler 2
Traveler 3	Traveler 4
Agency representative	