



Request to Increase Maximum Lodging Rate

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: *Please include a detailed business justification in the section below.*

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.

Business Justification:

Traveler(s) and Agency representative must sign below:	
Traveler 1:	Traveler 2:
Traveler 3:	Traveler 4:
Administrative Director Signature:	