

**EXCESS LODGING RATE REQUEST / APPROVAL**

STD. 255C (Rev. 12/2013)

**Advance CALHR approval is required for lodging rates that exceed the delegated reimbursement rates.  
Submit APPROVED request with Travel Claim.**

CLAIMANT'S NAME (Print or Type)	PRIMARY RESIDENCE (City, State, and ZIP Code)	WORK PHONE NUMBER (Include Area Code)
AGENCY/DEPARTMENT	DIVISION/OFFICE	HEADQUARTERS CITY

**CURRENT STATE LODGING REIMBURSEMENT RATES** (Represented Employees- Consult your MOU for applicable rates)

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

<b>TRAVEL DATES</b>	FROM (Month, Day and Year)	<b>LODGING INFORMATION</b>	LODGING NAME	
	TO (Month, Day and Year)		ADDRESS	
POINT OF ORIGIN				
DESTINATION	PHONE		ROOM RATE	

REASON FOR TRIP


<b>AGENCY/DEPARTMENT APPROVAL</b> (Advance Approval is Required)	<b>CALHR APPROVAL REQUIRED</b> (Advance Approval is Required)
Lodging Rate above State Rate, up to \$150: All Travel (Regular & Conferences/Conventions)	Lodging Rate over \$150: All Travel (Regular & Conferences/Conventions)



**REASON(S) FOR HIGHER LODGING RATE**

- Employee requires a "reasonable accommodation"   
 No transportation available to alternative lodging   
 No alternative lodging available  
 Emergency/short-notice travel   
 Transportation cost to alternate lodging brings overall cost to an amount equal to or greater than requested lodging   
 Other

**Submit all requests 10 days prior to the trip taking place; after-the-fact requests will not be approved.** Demonstrate a "Good Faith" effort to obtain lodging at or below the State rate for the travel destination by documenting a minimum of 3 lodging quotes. Attach copies of agenda and registration. Justify reasons checked above.

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

CLAIMANT'S SIGNATURE 	DATE SIGNED
CLAIMANT'S TITLE	CBID

AGENCY/DEPARTMENT CONTACT (Print or Type)	CONTACT'S TITLE	CONTACT'S PHONE NUMBER
DEPARTMENTAL APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED
CAL HR APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED