

EXCESS LODGING RATE REQUEST/APPROVAL

STD 255C (Rev. 6/2025)

CalHR has delegated authority to departments to make determinations regarding Excess Lodging Rate Requests up to \$350 per night - applicable to in-state, out-of-state, and out-of-country travel. Typically, requests should be approved in advance by your department before the trip takes place. CalHR approval is required for all requests above the delegated amount of \$350 per night. When possible, submit your request at least 10 days before your trip begins. After-the-fact requests must include documentation and justification for the after-the-fact submission. Excess use of after-the-fact justifications may compel additional inquiry by your department and/or CalHR.

Submit APPROVED request with Travel Claim.

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

CURRENT STATE LODGING REIMBURSEMENT RATES

HR Manual section 2203 - Allowances and Travel Reimbursements policy lists the current maximum lodging reimbursement rates for all represented and all excluded employees. Note for represented employees: if the MOU for your bargaining unit contains language in conflict with CalHR's Travel Reimbursements page, the MOU language is controlling.

TRAVEL DATES		LODGING INFORMATION	
FROM (Month, Day and Year)	TO (Month, Day and Year)	LODGING NAME	
POINT OF ORIGIN		LODGING ADDRESS (Street, City, State/Country, and ZIP Code)	
DESTINATION		LODGING PHONE NUMBER	ROOM RATE (Before Taxes and Fees)
REASON FOR TRIP			

REASON(S) FOR HIGHER LODGING RATE

☐ Emergency/short-notice travel

☐ No transportation available to alternative lodging

☐ No alternative lodging available

☐ Employee requires a "reasonable accommodation"

☐ Transportation cost to alternate lodging brings overall cost to an amount equal to or greater than requested lodging

☐ Other

*Please review the HR Manual for clarification on what constitutes a "reasonable accommodation".

When possible, submit all requests 10 days prior to the trip taking place. After-the-fact requests must include documentation and justification for the after-the-fact submission. 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 from the State's authorized on-line booking tool. Attach copies of agenda and registration. Justify reasons checked above.

☐ Employee booked lodging via the Statewide Travel Program's authorized on-line booking tool/contracted agency.

☐ Employee did not book lodging via the Statewide Travel Program's authorized on-line booking tool/contracted agency.

Provide justification for alternate booking arrangement. Per DGS travel policy, typically, all travel should be booked through the Statewide Travel Program's authorized on-line booking tool/contracted travel agency.

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

CLAIMANT'S SIGNATURE	CLAIMANT'S TITLE	CBID (R01, S01, etc.)	DATE SIGNED
AGENCY/DEPARTMENT CONTACT (Print or Type)	CONTACT'S TITLE	CONTACT'S PHONE NUMBER	
AGENCY/DEPARTMENTAL APPROVAL (Signature)	AGENCY/DEPARTMENTAL APPROVER'S NAME/TITLE		DATE APPROVED
CALHR APPROVAL (Signature)	CALHR'S APPROVER'S NAME/TITLE		DATE APPROVED