

EXCESS LODGING RATE REQUEST/APPROVAL

STD 255C (Rev. 10/2019)

ADVANCE APPROVAL REQUIRED. Advance agency/department approval is required for lodging over the state rate, up to \$250 per night. Advance CalHR approval is required for lodging rates over \$250 per night.

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	HEADQUARTERS CITY

CURRENT STATE LODGING REIMBURSEMENT RATES

CalHR's [Travel Reimbursements page](#) 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 (City, State, and ZIP Code)	
DESTINATION		LODGING PHONE NUMBER	ROOM RATE
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".

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. Attach copies of agenda and registration. Justify reasons checked above.

- Employee booked lodging via the Statewide Travel Program/Concur.
 Employee did not book lodging via the Statewide Travel Program/Concur.
 Provide justification for alternate booking arrangement. Per DGS travel policy, typically, all travel should be booked through the Statewide Travel Program/Concur.

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, SO1, 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	
CAL HR APPROVAL (Signature) 	CAL HR'S APPROVER'S NAME/TITLE	DATE APPROVED	