South Carolina Department of Disabilities and Special Needs

REQUEST FOR LODGING IN EXCESS OF ALLOWABLE COST

(Companion forms are <u>Permission for Travel</u> and <u>CGO Travel 12/09 C</u>)

EMPLOYEE NAME: TRAVEL DESTINATION (City/State): CURRENT GSA MAX LODGING RATE FOR DESTINATION CITY *\$ *TO OBTAIN THE CURRENT GSA MAX LODGING RATE, GO TO WWW.GSA.GOV AND CLICK ON THE "POLICY" TAB. SCROLL DOWN TO "TRAVEL MANAGEMENT" AND CLICK ON THE BULLET "PER DIEM RATES". PERMISSION IS REQUESTED FOR LODGING RATE ALLOWANCE PER NIGHT OF: NAME OF HOTEL: BEGINNING DATE: ENDING DATE:	DATE:		_	
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Regions/District Approval: Facility Administrator Date		Approval Recommended: _		Date
·				 Date
State Director Date		Central Office Approval:		