

**South Carolina Department of
Disabilities and Special Needs**

REQUEST FOR LODGING IN EXCESS OF ALLOWABLE COST
(Companion forms are [Permission for Travel](#) and [CGO Travel 12/09 C](#))

DATE: _____

DIVISION: _____

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:** _____

JUSTIFICATION:
(Required) _____

Approval Requested By: _____	Employee Signature	Date
Approval Recommended: _____	Division Director Signature	Date
Regions/District Approval: _____	Facility Administrator	Date
Central Office Approval: _____	State Director	Date