



# SOUTH BEND COMMUNITY SCHOOL CORPORATION

## LODGING PER DIEM OVERAGE REQUEST

Complete one (1) form for each room that will exceed the per diem rate.

If TWO employees voluntarily wish to share a room, to pool per diem resources, include both employee's information below.

### Travel Information

Employee 1 Name (print): \_\_\_\_\_ Employee 1 #: \_\_\_\_\_

Employee 2 Name (print): \_\_\_\_\_ Employee 2 #: \_\_\_\_\_

Was the Travel Request Approved by Supervisor for All Travelers\*?  Yes  No  Pending

Destination City & State: \_\_\_\_\_

Approved GSA Lodging Per Diem for Area: \$ \_\_\_\_\_ per person & per night (found here: <https://www.gsa.gov/travel/plan-book/per-diem-rates>)

Reason for Overage Request:  Stay on Site for Conference/Training  Safer Area  Save SBCSC Money (indicate how below)

Other: \_\_\_\_\_

### Requested Hotel Information (where you would like to stay)

Hotel Name: \_\_\_\_\_ Hotel Street Address: \_\_\_\_\_

Hotel Cost Per Night Single Occupancy: \$ \_\_\_\_\_ Hotel Cost Per Night Double Occupancy : \$ \_\_\_\_\_

Total Combined Cost for Shared Room (includes incidentals below): \$ \_\_\_\_\_

### Comparison Hotel Information (nearby lodging within the approved Per Diem)

Hotel Name: \_\_\_\_\_ Hotel Street Address: \_\_\_\_\_

Hotel Cost Per Night Single Occupancy: \$ \_\_\_\_\_ Total Cost Per Night with Incidentals: \$ \_\_\_\_\_

Total Combined Cost for Shared Room (includes incidentals below): \$ \_\_\_\_\_

### Incidental Costs to Consider

- Charge for Additional Person in Room: Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_
- Parking Fee: Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_
- REQUIRED Valet Fee (as applicable): Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_
- Charge for WIFI: Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_
- Resort Fee: Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_
- Taxes/Other Fees: Requested Hotel: \_\_\_\_\_ Comparison Hotel: \_\_\_\_\_

### Signature

Requestor's Name (print) : \_\_\_\_\_ Emp #: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval / Denial

Yes  No Auditor/Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Reasoning: \_\_\_\_\_