



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: _____