

EXCESS LODGING RATE REQUEST / APPROVAL

STD. 255C (Rev. 12/2013)

Advance CALHR approval is required for lodging rates that exceed the delegated reimbursement rates. Submit APPROVED request with Travel Claim.

CLAIMANT'S NAME (Print or Type)	PRIMARY RESIDENCE (City, State, and ZIP Code)	WORK PHONE NUMBER (Include Area Code)
AGENCY/DEPARTMENT	DIVISION/OFFICE	HEADQUARTERS CITY

CURRENT STATE LODGING REIMBURSEMENT RATES (Represented Employees- Consult your MOU for applicable rates)

All California counties not listed below:	Actual expense up to \$90 per night, plus tax
Napa, Riverside, and Sacramento Counties:	Actual expense up to \$95 per night, plus tax
Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the City of Santa Monica:	Actual expense up to \$120 per night, plus tax
Alameda, Monterey, San Diego, San Mateo, and Santa Clara Counties:	Actual expense up to \$125 per night, plus tax
San Francisco County and the City of Santa Monica:	Actual expense up to \$150 per night, plus tax

TRAVEL DATES	FROM (Month, Day and Year)	LODGING INFORMATION	LODGING NAME	
	TO (Month, Day and Year)		ADDRESS	
POINT OF ORIGIN				
DESTINATION	PHONE		ROOM RATE	

REASON FOR TRIP


AGENCY/DEPARTMENT APPROVAL (Advance Approval is Required)	CALHR APPROVAL REQUIRED (Advance Approval is Required)
Lodging Rate above State Rate, up to \$150: All Travel (Regular & Conferences/Conventions)	Lodging Rate over \$150: All Travel (Regular & Conferences/Conventions)



REASON(S) FOR HIGHER LODGING RATE

- Employee requires a "reasonable accommodation"
 No transportation available to alternative lodging
 No alternative lodging available
 Emergency/short-notice travel
 Transportation cost to alternate lodging brings overall cost to an amount equal to or greater than requested lodging
 Other

Submit all requests 10 days prior to the trip taking place; after-the-fact requests will not be approved. 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.

I request prior approval for a lodging rate in excess of the State maximum rate for this destination.

CLAIMANT'S SIGNATURE 	DATE SIGNED
CLAIMANT'S TITLE	CBID

AGENCY/DEPARTMENT CONTACT (Print or Type)	CONTACT'S TITLE	CONTACT'S PHONE NUMBER
DEPARTMENTAL APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED
CAL HR APPROVAL (Signature) 	NAME/TITLE	DATE APPROVED