SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Lodging Exception Request

This form is to be submitted with the Travel Expense Voucher if the lodging rate for employee travel was over the maximum lodging rate as set by the State of Illinois. All exception amounts must be approved by the Illinois Higher Education Travel Control Board (IHETCB) regardless of fund paying the expense.

| Traveler's Name: | | | | |
|--|--|----------------|-------------------|--|
| AIS #: Department Name: | | | | |
| Dates of Travel: From: | То: | Destination: | | |
| Exception Calculation Maximum rate allo | | # nights | _ | |
| Nightly Rate Paid | | Excess cost/ni | Excess cost/night | |
| Exception Amount | | | | |
| Justification for Exception: (Please choose one of the following and answer any related questions) | | | | |
| No Alternative Least costly room available within geographic area to accomplish purpose of business. The obtained rate was the lowest cost after rate comparisons of hotels within this geographic area. | | | | |
| Was State/Government rate requested? 🔿 Yes 🔿 No | | | | |
| How many hotels were contacted for State/Government rate? | | | | |
| | Location necessary to conduct University business. | | | |
| Required Location | Why was | | | |
| this hotel required? | | | | |
| | | | | |
| C Least Total Cost | Travel cost of lodging and transportation in terms of time and money was less. | | | |
| ○ Conference Lodging Rate | Documentation showing the negotiated rate must be provided. | | | |
| Other Reason | | | | |
| | Explain fully. | | | |
| | | | | |

I request approval of my lodging expenses that are in excess of the amount as set by the State of Illinois and acknowledge that amounts disallowed (plus applicable taxes) by the IHETCB will be refunded to the University within 15 days of notification from the University.

Employee's Signature:

Date: