

**STAFF AUGMENTATION AUTHORIZATION TO EXCEED PER DIEM**

date:

to: \_\_\_\_\_  
(Contract Associate Name)

from: \_\_\_\_\_  
(Supplier Manager)

subject: Approval to Exceed Lodging Per Diem

Traveler's Name \_\_\_\_\_ Mail Stop \_\_\_\_\_  
Date of Travel \_\_\_\_\_  
Supplier: Name \_\_\_\_\_  
Address \_\_\_\_\_  
P.O. Number \_\_\_\_\_

Please approve the following request for up to 150% of lodging rate which is above per diem authorized:

**REASON FOR LODGING OVERAGE REQUEST**

**(1) Special Event (e.g., Mardi Gras, Balloon Fiesta)**  
Event Name \_\_\_\_\_

**(2) Attending conference (Must Attach Documentation):**  
Name of Conference \_\_\_\_\_  
Conference \_\_\_\_\_  
Hotel \_\_\_\_\_

**(3) Larger or unique sleeping accommodations for business meeting needs:**  
Subject of meeting \_\_\_\_\_  
Company contact \_\_\_\_\_

Adjusted Daily 150% Calculation \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_  
Name \_\_\_\_\_ (please attach copy to invoice)