

# Santa Fe Independent School District

## 2014/2015

### Request To Increase Maximum Lodging Rate

Name(s) of Traveler(s)		
Purpose of Trip	Check In Date	Check Out Date
Name of Lodging Establishment	Rate Requested	Federal Max
City	County	State

#### Reason for Request

- No safe lodging available**

If it is determined that no safe lodging is available for less than or equal to the maximum lodging reimbursement rate give explanation below.

- Decrease total cost**

If it is determined that approval of the request would result in a decreased total cost of travel, document the potential cost savings to the district.

- Other**

For any other business reason, document all relevant circumstances.

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Traveler	Executive Director of Curriculum & Instruction
Budget Manager	Chief Financial Officer
Superintendent	

**This form must be approved by the Superintendent to pay for hotel rates in excess of the maximum rate.**

Revised 8/2014