

**STATE OF MONTANA**

**REQUEST FOR LODGING REIMBURSEMENT AT ACTUAL COST**

<b>1) Agency Number/Name</b>	<b>2) Division</b>
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<b>3) Org Number</b>	<b>4) Name of Person(s) Staying at Lodging Facility/Employee ID#</b>
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**5) Itinerary**

**Destination:**

**Travel Dates:**

**Hotel:**

**Hotel Phone Number:**

**Details:**

**6) See Lodging Rates Policy on the [Employee Travel Website](#)**

<b>In-State Lodging</b> <input type="checkbox"/>		<b>Out-of-State Lodging</b> <input type="checkbox"/>	
In-State Room Rate Offered	\$	Out-of-State Room Rate Offered	\$
Lodging per diem Rate per State policy.	\$	Lodging per diem Rate per Federal policy	\$

**7) Justification for Hotel Selection (Please elaborate here and check appropriate box below.)**

- Lodging rates provided by State Lodging Rates Policy are unavailable within a reasonable distance from the travel destination. Employee inquired with multiple lodging facilities searching for acceptable State or GSA Federal rates.
- There is reasonable cause to believe personal safety could be at risk in the available lodging facilities that comply with State or GSA Federal rates.
- It is necessary to stay at a specific hotel for a conference, meeting, or for purposes of accessibility, security, or other logistical reasons relating to the employee's travel.

<b>8) Submitted By</b>	<b>Title</b>	<b>Date</b>

<b>Approval of Authorized Agency Personnel per Department Policy</b>			
Supervisor	Date	Administrator	Date
Dept. Head/Designee	Date		

**NOTE: A travel expense voucher form must be filed within three months after incurring the travel expenses, otherwise the right to reimbursement will be waived.**