

STATE OF MONTANA

**REQUEST FOR LODGING
REIMBURSEMENT AT ACTUAL COST**

1) Agency Number/Name	2) Division
------------------------------	--------------------

3) Org Number	4) Name of Person(s) Staying at Lodging Facility/Employee ID#
----------------------	--

5) Itinerary

Destination:

Travel Dates:

Hotel:

Hotel Phone Number:

Details:

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

In-State Lodging <input type="checkbox"/>		Out-of-State Lodging <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.

8) Submitted By	Title	Date

Approval of Authorized Agency Personnel per Department Policy			
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.