

Phone: 718-960-8245 Fax: 718-960-8333 www.lehman.edu



REQUEST TO EXCEED TRAVEL ALLOWANCES FOR HOTEL ACCOMODATIONS

This approval must be obtained prior to your trip in order to be considered.

Name of Traveler:		
Department: _		
Dates of Travel:		
Purpose of Trip:		
Name and City of Hotel:		
Rate for this City as per C	GSA Website:	
Rate requesting approva	l for:	
Type of Rate:		
Is the hotel able to hono	r the government rate for this stay?	
•	to why you need to exceed this allowance. For conference hot ate during this stay and it was denied by the hotel on account o	-
Traveler's signature:		
Supervisor signature:		
AVP for Financial Operations:		

Please note that all per diems for lodging can be found at http://www.gsa.gov/portal/content/104877
The traveler must upload this document as part of the expense report submitted in CUNYfirst upon their return as proof that this pre-approval was granted.