## The University Montana Western Business Services ~ 710 S Atlantic ~Dillon MT 59725 Phone: (406) 683-7101 FAX: (406) 683-7493

Request for Reimbursement of Actual Lodging Costs In-State/Out-of-State						
		In	portant Note: Print Form. Complete.			
DE	Employee	Student				
Тос	day's Date:		Departure Date:		Return Date:	
Dep	pt/Contact (	(Name & Phone	e):			
Name:					Banner ID/SSN:	
Ado	dress:				-	
City	y:		State:Zip:		-	
Destination/Business Purpose:						
In S	<ul> <li>In State (Check one):</li> <li>Lodging Costs are temporarily unavailable, due to seasonal demand or to special functions.</li> </ul>					
	Emergen	Emergency travel arrangements precluded being able to find accommodations at state rates.				
	Remote locations with limited accommodations within a 15-mile radius preclude obtaining accommodations at the state rate.					
Rate to be approved:						
Out	<ul> <li>Out-of-State (Check one):</li> <li>Government rates were requested and were not available at the hotel where the employee is staying.</li> </ul>					
	Government rates are not available at another hotel within a reasonable distance from the convention hotel.					
	Emergency or last minute travel arrangements preclude finding accommodations within the federal guidelines.					
Rat	Rate to be approved:					
	Reimbursement at actual cost is within the appropriation level authorized by the University of Montana.					
Employee Signature: Date:						
Supervisor/Advisor/PI:				Dat	e:	
Dean/Director/VP:				Date	e:	