

## STAFF AUGMENTATION – AUTHORIZATION TO EXCEED PER DIEM

date:

to: \_\_\_\_\_  
(Contract Associate Name)

from: \_\_\_\_\_  
(Supplier Manager – Not SNL Manager)

subject: Approval to Exceed Lodging Per Diem

Traveler's Name \_\_\_\_\_ Mail Stop \_\_\_\_\_  
Date of Travel \_\_\_\_\_  
Supplier: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
P.O. Number \_\_\_\_\_

Please approve the following request for up to 150% of lodging rate which is above per diem authorized:

### REASON FOR LODGING OVERTAGE REQUEST

#### (1) Special Event (e.g., Mardi Gras, Balloon Fiesta)

Event Name

#### (2) Attending conference (Must Attach Documentation):

Name of Conference  
Conference Hotel

#### (3) Larger or unique sleeping accommodations for business meeting needs:

Subject of meeting  
Company contact

Adjusted Daily 150% Calculation \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Name

(please attach copy to invoice)