

## Pampa I.S.D.

### Request To Increase Maximum Lodging Rate (Non Federal Funds)

Approval required before travel arrangements are made.

Name of Traveler		
Campus Location	Check In Date	Check Out Date
Name of Lodging Establishment	Rate Requested	Federal Max.
Address of Lodging	County	State

#### Reason for Request

**No safe lodging available**

It is determined that no safe lodging is available for less than or equal to the maximum lodging reimbursement rate for the location.

**Decreased total cost**

If it is determined that approval of the request would result in a decrease total cost of travel, document the potential cost savings to the state.

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**Other**

For any other business reason, document all relevant circumstances.

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Requester's Signature	Superintendent Approval
Date	Date

Include with Travel Request form.