## LODGING EXPENSE EXCEPTION REQUEST

**Fulton County, Illinois** 

This form is to be submitted with the Travel Expense Voucher if the lodging rate for employee/official travel was over the maximum lodging rate as set by the Personnel Policy. All exception amounts must be approved by the Finance Committee regardless of the fund paying the expense.

Travelers Name:					
Department:					
Dates of Travel:	From: To: Destination:				
Exception Calculation:	Maximum Rate Allowed: Number of nights:				
Nightly Rate Paid:	Excess cost/night: Exception amount:				
Justification for Exception: (Please choose one of the following and answer any related questions:)					
□ No Alternative	Least costly room available within geographic area to accomplish purpose of business. The obtained rate was the lowest cost after rate comparisons of hotels within this geographic area.				
	Was State/Government rate requested?  Yes No How many hotels were contacted for State/Government rate?				
$\Box \frac{\text{Required}}{\text{Location}}$	Location necessary to conduct County business. Why was this hotel required?				
Least Total Cost	Travel cost of lodging and transportation in terms of time and money was less.				
□ Conference Lodging Rate	Documentation showing the negotiated rate must be attached.				
□ Other Reason	Explain Fully:				
acknowledge that an	f my lodging expenses that are in excess of the amount as set by the Fulton County Policy and nounts disallowed (plus applicable taxes) by the Finance Committee will be refunded to the County tification if this is a travel advance.				

Travelers Signature:		 Date:	
□ Exception Approved	Amount:	Fund:	
☐ Exception Denied Finance Committee:			