

Request for Prior Approval of Above-CONUS Limit Reimbursement

*Without **PRIOR APPROVAL** of actual expense, full reimbursement may not be allowable.*

DATE	TO Office of Research and Sponsored Programs Research Foundation Operations Manager
FROM	SUBJECT Request for Approval of Above-CONUS Limit Reimbursement

The current Government per diem rate for this geographic location is _____ for lodging. I am requesting authorization of actual expenses that exceed the CONUS rate for lodging for the following event:

EVENT

NAME OF MEETING	DATES OF MEETING
GEOGRAPHIC LOCATION	

Justification for requesting above CONUS limit: Check one box below that best describes why a request for above the CONUS limit is warranted and a separate justification must be included (Please be as detailed as possible):

- 1. Hotel accommodations is the prearranged meeting site (i.e., conference hotel). Note: Checking this box is not an automatic authorization of an above-CONUS hotel rate. A separate detailed justification must be included.
- 2. Hotel accommodations at the maximum (i.e., CONUS) lodging rate cannot be obtained within a five-mile radius of the location/meeting site in a major city. Local ground transportation (e.g., taxi) costs to commute to and from the hotel at the CONUS lodging rate to the meeting site would negate any savings achieved by staying at the hotel with the CONUS lodging rate. A hotel cost comparison needs to be performed in consultation with ORSP staff.
- 3. Hotel accommodations at the maximum lodging rate cannot be obtained because travel is to a geographic location where the costs have escalated temporarily due to a special event (e.g., sporting, festival, major conference, etc.) and nearby cities/towns have escalated their hotel rates. Note: Checking this box is not an automatic justification for authorization of an above-CONUS hotel rate. A hotel cost comparison needs to be performed in consultation with ORSP staff.
- 4. Other

Please attach a detailed justification for the above-CONUS limit request, including any additional information that should be considered in the review of this request.

Traveler Signature _____ Date _____

Research Foundation Signature _____ Approved Disapproved _____ Date _____

Please note: If TRAVELER is the Principal Investigator (PI), an additional signature is required (Co-PI, Chair, Dean, or Associate Provost for Research Development & Administration).

Attachment

Justification for an above the CONUS limit request: