



STAFF AUGMENTATION CONTRACT ASSOCIATE - 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 OVERAGE 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: _____
Next Level of Management (Dept. Manager or above)
Name (please attach copy to invoice)