



### 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)