

**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  |

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| **(2) Attending conference** (Must Attach Documentation):Name of Conference Conference Hotel  |

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| **(3) Larger or unique sleeping accommodations for business meeting needs:**Subject of meeting Company contact |

Adjusted Daily 150% Calculation

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| --- |
| Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Next Level of Management (Dept. Manager or above)Name (please attach copy to invoice) |