

**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 | | |  | | | | | |

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| --- | --- | --- |
|  | 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) |