

LODGING

OVER-THE-MAX TRAVEL REQUEST

Buffalo State University

Office of Business Operations

Employee: _____
Destination: _____
Purpose of Trip: _____

Department: _____
Date of Trip: _____
Hotel: _____
Location: _____

OVER-THE-MAX REQUEST (complete A or B)

-A-

-B-

LODGING AND MEAL PACKAGE

LODGING ONLY:

Lodging & Meal Package Amount **Requested:** _____

Lodging Amount **Requested:** _____

Lodging & Meal Package Amount **Allowed:** _____

Lodging Amount **Allowed:** _____

Amount exceeded per day: _____

Amount exceeded per day _____

X No. of Days _____ = **Total Amount Requested:** _____

x No. of Days _____ = **Total Amount Requested:** _____

Justification: _____

Traveler Signature

Supervisor Approval

CONFERENCE AGENDAS AND HOTEL INFORMATION FORM MUST BE SUBMITTED WITH REQUEST AS WELL AS A TRAVEL APPROVAL WHEN APPLICABLE