



## PRE-APPROVAL THIRD PARTY LODGING

Reimbursement for lodging in a non-commercial establishment that is being rented out by a third party is **not allowed** unless approved by the Department Head or Designee and Controller **in advance** of the travel. Requests for third party lodging must provide evidence of savings to the University. Travelers must provide details regarding arrangement, including 1) amount to be charged, 2) length of stay, 3) leasing information. **A proposed rental agreement must be presented to be considered for reimbursement** (Section 5.2.4 Third Party Lodging, State Budget Manual). **If approved, a signed rental agreement is required for reimbursement.**

Contact's Name	Contact's Email	Business Purpose of Travel
Traveler's Name(s)*	# of Occupants	
	# of Nights**	**Requests cannot be submitted for more than 365 nights.
	*Attach list of additional traveler's names if needed.	
Dates of Travel	Destination of Business Travel	
to		
Amount to be Reimbursed <sup>1</sup>	If this is for non-employee travel, including students, explain the benefit to University.	
Fund to Charge		
Estimated Daily Rate/Person <sup>2</sup>	To calculate the Estimated Daily Rate, use the following formula: <b>Total lodging amount ÷ (# of occupants x # of nights) =</b>	

1) Does the daily rate exceed the State approved daily rate? [See Travel Policy for rates](#)

- ☐ **NO** → Please submit this form along with a copy of the lease agreement.
- ☐ **YES** → Go to question 2.

2) Does the daily rate exceed standard mid-range hotel rates in the area?

- ☐ **NO** → Please submit this form along with a copy of the lease agreement and the nightly rate of three standard mid-range hotels in the vicinity of the travel destination.
- ☐ **YES** → Go to question 3.

3) Since your request does not show a cost savings, what extenuating circumstances support the request?


**Rental Agreement Attached** ☐

<sup>1</sup> If the agreement calls for payment to a foreign currency, **do not convert to USD**. List the cost as stated on the lease (i.e. CZK 8,800). Approval will be determined based on exchange rate at the time of approval. If total requested reimbursement amount does not match the lease, please provide an explanation.

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<sup>2</sup> If the unit is shared by several individuals, split cost evenly (or pro-rate if lengths of stay vary).

Attestation by Lessee	
By signing below, I attest that I, nor any member of my family, do not own or have interest in the requested lodging. For the purpose of this attestation, family includes brothers, sisters (whole or half-blood), spouse, ancestors and lineal descendants, a family member of the employee's brother, sister (whole or half-blood), spouse, ancestor or lineal descendant. A third party lodging lease agreement with other entities in which an employee or a family has an interest is also prohibited.	
Signature	Date
Department Head or Designee Approval	
Signature	Date
Controller's Approval	
Signature	Date
Questions? Contact Travel at: <a href="mailto:acctpay@uncg.edu">acctpay@uncg.edu</a>	