**Traveler Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Approval for Lodging Per Diem Exception**

 Confirm a valid medical reason was accommodated for, and resulted in lodging per diem expense(s) above the allowed state/federal lodging per diem rate.
 Medical documentation should not be attached to the expense report.

**Safety Approval for Lodging Per Diem Exception**

Safety of the traveler was a concern, and resulted in lodging per diem expense(s) above the allowed state/federal lodging per diem rate, a written justification is required below.

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**Suite Required Approval for Lodging Per Diem Exception**

A suite was required for UW business, and resulted in lodging per diem expense(s) above the allowed state/federal lodging per diem rate, a written justification is required below.

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or Higher Authorizing Officer