

BUTTE-GLENN COMMUNITY COLLEGE DISTRICT
REQUEST FOR APPROVAL OF HOTEL COSTS OVER \$250

TR _____

Name	_____	ID:	_____	Date	_____
Address	_____			Location	_____
Purpose	_____			Contact	_____
Departure Date	_____	Time	_____	Return Date	_____
				Time	_____

APPLICABLE EXCEPTIONS (CHECK ALL THAT APPLY):

Checked all hotels in the local area and this is the lowest rate available.
(Attach support documentation to show price comparison for three hotels in the area.)

Room block offered at a discounted rate.(Must be within reason.)

Other: _____
(physically disabled, safety, etc... please explain)

Claimant Signature	_____	Date	_____	Supervisor Approval	_____	Date	_____
VP Approval	_____	Date	_____				
Business Office Review	_____	Date	_____	Business Office Approval	_____	Date	_____