

**TEXAS WOMAN'S UNIVERSITY  
REQUEST TO PAY ABOVE ALLOWED HOTEL RATES  
WHEN  
USING APPROPRIATED FUNDS**

Traveler: \_\_\_\_\_ Date of Request \_\_\_\_\_

Leave Date(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Returning Date and Time: \_\_\_\_\_

REQUESTING REIMBURSEMENT FOR ACTUAL COSTS ABOVE STATE TRAVEL RATES

110 Account Number to Charge: \_\_\_\_\_

Explanation of Cost Savings: \_\_\_\_\_

**CALCULATION TABLE**

Requested rate	\$ _____	<b><u>Cost Savings:</u></b>	
Less allowed comparison rate	- _____	Motor vehicle rental cost per day	\$ _____
Equals	= _____	Number of days not needed	x _____
Number of nights	x _____	Equals	= _____
Equals	= _____	Other expenses not incurred (include explanations):	_____
		_____	_____
		_____	_____
		Total Costs not to be incurred:	= _____
		Total cost savings	\$ _____

Please include a full **explanation** of the above calculation and a complete **itemization** of "Other expenses not incurred".

Signature of Traveler: \_\_\_\_\_

Account Approver: \_\_\_\_\_

Financial Services Approval: \_\_\_\_\_

*This form must be approved by Financial Services 10 days **before** the start of travel.*