

STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY,
MANAGEMENT AND BUDGET
VEHICLE AND TRAVEL SERVICES

DISTRIBUTION:
White & Yellow - DTMB-VTS
Pink - Retain in Agency

TRAVEL EXPENSE EXCEPTION REQUEST

INSTRUCTIONS: The following must be completed when traveling or attending an event that will charge rates in excess of those approved by the current State Travel Regulations. The form must have department approval prior to being submitted to DTMB for final authorization. PLEASE NOTE: For prearranged in-state meetings under 7.88 (Standardized Travel Regulations), advance approval must be received from DTMB prior to this event.

REASON FOR EXCEPTION: (Please Print or Type)

LODGING

0 IN STATE

0 OUT OF STATE

0 OUT OF COUNTRY

DEPARTMENT AND AGENCY NAME

LODGING DATES
FROM:

TO:

HOTEL NAME

STREET ADDRESS OF HOTEL

CITY

STATE (Country IF Foreign)

ZIP CODE

DAILY HOTEL RATE

DAILY STATE RATE

NO. OF STATE EMPLOYEES

STATE EMPLOYEE NAME(S) (Attach List If Needed)

GROUP MEALS*

*INDIVIDUAL MEAL EXCEPTIONS ARE USUALLY NOT GIVEN.

DEPARTMENT AND AGENCY NAME

DATE OF MEALS

LOCATION (City & State)

| NO. OF BREAKFASTS | AMOUNT PAID | STATE RATE | NO. OF LUNCHESES | AMOUNT PAID | STATE RATE | NO. OF DINNERS | AMOUNT PAID | STATE RATE | TOTAL STANDARD MEALS RATE FOR THIS EXCEPTION |
|-------------------|-------------|------------|------------------|-------------|------------|----------------|-------------|------------|--|
| | | | | | | | | | \$ |

TOTAL NUMBER OF PERSONS IN GROUP

TOTAL AMOUNT OF MEALS IN EXCESS
\$

STATE EMPLOYEE NAME(S) (Attach List If Needed)

NAME OF CONFERENCE

NAME OF CONFERENCE SPONSOR

NAME OF RESTAURANT

DEPARTMENT AUTHORIZATION

DTMB USE ONLY

SUPERVISOR'S SIGNATURE

APPROVED

DATE

DEPARTMENT HEAD NAME (Print or Type)

NOT APPROVED

DATE

SIGNATURE

DATE

REMARKS