

## Excess Commercial Lodging Expense Certification Form

I certify that this request for commercial lodging expenses in excess of daily limits as specified in applicable collective bargaining agreements represents a necessary and proper expenditure of public funds for University business and that the amount requested is reasonable.

Expected Daily Room Rate*	Less Daily Lodging Allowance Per Contract	Excess Daily Lodging Expense	Number Of Days	Requested Total Excess Lodging Expense
\$ _____	-	\$ _____	=	\$ _____
			X	_____
				=
				\$ _____

Signature of Traveler	Date
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Signature of Fiscal Officer	Date
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Signature of Approving Authority: Dean or Director (Manoa Campus) Chancellor (CC, UHH, UHM, WOC) Vice President (System-wide) President (Chancellors & V.P.s)	Date
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**\*Supporting Documents Attached** (brochure, invitation, etc. that shows the rate)  
Reminder: include room tax and other related charges in determining the expected daily room rate.