

# Actual Costs Justification

## **Travel Information:**

Traveler's Name: \_\_\_\_\_

Travel Dates: \_\_\_\_\_

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

Per Diem Rate: \$ \_\_\_\_\_ Requested Rate: \$ \_\_\_\_\_

## **Hotel Comparison:**

Date: \_\_\_\_\_

Hotel#1: \_\_\_\_\_ Phone#: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Hotel#2: \_\_\_\_\_ Phone#: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Hotel#3: \_\_\_\_\_ Phone#: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

## **Justification for requesting actual expenses:**

(Include date of call to Travel Management Center)

Traveler's Supervisor: \_\_\_\_\_  
Signature and date

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_  
Budget Officer/SAO Budget Officer/SAO

Note: If you are unable to secure occupancy in the conference hotel, this form must be submitted to justify why you were unable to secure a room with the approved conference hotel and/or at the approved conference rate.