RHMR Excess Lodging Pre-Approval Request

Contract #:		Contract Agency:						
Requester Name:				Date of request:				
Email:				Telephone:				
Training/Exercise	/Confe	erence Name:						
Lodging Location Name		Location	Date(s)	# of occupants	Daily Rate	Anticipated Costs	FOR CALOES USE ONLY	
							Approved	Not Approved
1.							0	0
2.							0	0
3.							0	0
4.							0	0
5.							0	0
6.							0	0
7.							0	0
8.							0	0
9.							0	0
10.							0	0
Total								
	Submi	it request for pre-app For questions plec				gov		
Approved by:				D	ote:			