

OFFICE OF JOHN G. MENDIBURU, Ed.D.
KERN COUNTY SUPERINTENDENT OF SCHOOLS

Advance Approval for Lodging*
For hotels costing more than \$300.00/night

(Please submit with Staff Member Mileage / Travel Expense Claim)

Employee Name: _____ Date(s) of travel: _____

Name and location of conference: _____

Name and cost of lodging chosen: _____

Extenuating reason or circumstance for choosing this option: _____

Other hotels considered (3 minimum):

1. Name _____ Rate _____

2. Name _____ Rate _____

3. Name _____ Rate _____

If rates of considered hotel(s) are lower than chosen hotel, indicate reason not chosen:

Employee Signature: _____

Approval:

Administrator: _____ Date: _____

Associate/Deputy/Assistant Superintendent

Date

* Per Diem amount = \$300/night excluding tax and additional mandatory charges.