

**Department of Personnel Administration
Memorandum**

TO: Personnel Management Liaisons (PML)

SUBJECT: Travel/Relocation - Delegation of Excess Lodging Rate Requests	REFERENCE NUMBER: 2006-013
DATE ISSUED: 04/06/06	SUPERSEDES:

This memorandum should be forwarded to:

**Accounting Officers
Budget Officers
Claims Coordinators
Employee Benefit Officers
Personnel Officers
Personnel Transactions Staff
Personnel Transactions Supervisors
Travel and Relocation Liaisons**

FROM: Department of Personnel Administration
Benefits Division

CONTACT: Ray Asbell, Statewide Travel/Relocation Coordinator
(916) 324-0526
Fax: (916) 324-3213
Email: RayAsbell@dpa.ca.gov

Effective April 6, 2006, the Department of Personnel Administration (DPA) will delegate certain portions of the approval process for the Excess Lodging Rate Request Form (STD 255C). The changes are related to the delegation of the approval of lodging associated with conferences/conventions under \$150 per night and regular travel under \$140 per night. The STD 255C has been revised to reflect these changes and is attached (attachment A). Please discard any old versions of the STD 255C that you may have.

The following information details the changes with the approval process.

Delegation of Excess Lodging Rates

- Delegated authority to internally approve the STD 255C **prior** to the trip taking place for the following:
 - all conferences/conventions (State and non-State sponsored) under \$150 per night, plus tax.
 - regular travel under \$140 per night, plus tax.

- Agency/Departmental internal approval and advance DPA approval must be given at least 10 days **prior** to the trip taking place for the following:
 - all conferences/conventions (State and non-State sponsored) over \$150 per night, plus tax.
 - regular travel over \$140 per night, plus tax.

Documented “Good Faith Effort” to Obtain Low Cost Lodging

- All State employees must make a “good faith effort” to obtain lodging at or below the State rate. A “good faith effort” is defined as making contact with at least three moderately priced lodging establishments. The current State lodging rates have been included on the revised STD 255C; Agencies/Departments are expected to continue to locate and use lodging at or below these rates. The Department of General Services (DGS) provides a listing of vendors who offer lodging at or below the State approved rates at the following site: <http://www.catravelmart.com/default.htm>.

Documenting Excess Lodging Rate Requests

- All Excess Lodging Rate Requests must be kept on file for three years (current year plus two previous years) at each Agency/Department for audit. A spreadsheet documenting approved Excess Lodging Rate Requests shall be completed and submitted to DPA on an annual basis. The reporting period shall be from July 1 – June 30 of each year. The report must be submitted electronically to the DPA contact (Ray Asbell) in Excel, via email, no later than August 31. A sample which reflects the required format of this report has been attached for your review (attachment B).

The process detailed above **must** be followed in order to pay lodging claims in excess of the published State rate.

If you have questions or need assistance with this delegated process, or any travel related issues, please contact Ray Asbell at the phone number or email address listed above.

/s/Debbie Endsley

Benefits Division

Attachments

Print

Clear

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

EXCESS LODGING RATE REQUEST / APPROVAL

STD. 255C (Rev. 12/2005)

Prior Department of Personnel Administration (DPA) approval is required for amounts that exceed the delegated lodging rates. Submit APPROVED request with Travel Claim.

CLAIMANT'S NAME (Print or Type)	PRIMARY RESIDENCE (City, State and ZIP Code)	WORK PHONE NUMBER (Include Area Code)
DEPARTMENT	DIVISION / OFFICE	HEADQUARTERS CITY

<p>ADVANCE DEPARTMENTAL APPROVAL REQUIRED</p> <input type="checkbox"/> Regular travel over current state rate up to \$140.00 per night for all Represented and Excluded employees. <input type="checkbox"/> State-sponsored and non-state sponsored conferences and conventions up to \$150.00 per night. (Attach documentation.)	<p>ADVANCE DEPARTMENTAL AND DPA APPROVAL REQUIRED</p> <input type="checkbox"/> Regular travel over \$140.00 per night for all Represented and Excluded employees. <input type="checkbox"/> State-sponsored and non-state sponsored conferences and conventions over \$150.00 per night. (Attach documentation.)
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CURRENT STATE LODGING REIMBURSEMENT RATES:

All California counties not listed below	Actual expense up to \$84 per night, plus tax
Los Angeles and San Diego counties	Actual expense up to \$110 per night, plus tax
Alameda, San Francisco, Santa Clara, and San Mateo counties	Actual expense up to \$140 per night, plus tax

TRAVEL DATES	FROM (Month, Day, Year)	LODGING INFORMATION	LODGING NAME	
	TO (Month, Day, Year)		ADDRESS	
POINT OF ORIGIN			PHONE	
DESTINATION - ADDRESS AND CITY			ROOM RATE	\$
REASON FOR TRIP				

REASON(S) FOR HIGHER LODGING RATE

- | | |
|--|---|
| <input type="checkbox"/> Employee required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation." | <input type="checkbox"/> No alternative lodging available. |
| <input type="checkbox"/> State business will be conducted in late night meetings. | <input type="checkbox"/> Emergency travel. |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other. |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging from 3 vendors at or below the state rate for the location of travel. Use the DGS Lodging Guide (<http://www.catravelsmart.com>) to identify vendors who offer the approved lodging rate. (Attach additional page if necessary.)

Attach copies of agenda, lodging requirements, registration, etc.

I request prior approval of a lodging rate in excess of the state maximum rate for this destination.

CLAIMANT'S SIGNATURE	CLAIMANT'S TITLE	CBID	DATE SIGNED
DEPARTMENT CONTACT (Print or Type)	DEPARTMENT CONTACT'S TITLE	DEPARTMENT CONTACT'S PHONE NUMBER	
DEPARTMENT APPROVAL (Signature)	TITLE	DATE APPROVED BY DEPARTMENT	
DPA APPROVAL (Signature)	TITLE	DATE APPROVED BY DPA	

