

# 3<sup>rd</sup> Party Lodging Pre-Approval for Reimbursement

## **Pre-Approval for Reimbursement of 3<sup>rd</sup> Party Lodging**

Third party lodging arrangements are prohibited among family members and other East Carolina University employees.

Reimbursements for lodging in an establishment that being rented out by a third party is not allowed unless approved by Materials Management or the University Budget Office if using state funds PRIOR to expenses being incurred. Requests for third party lodging must provide evidence of savings to the University. An exception may be granted for requests that do not show a savings with sufficient justification to support the necessity for third party lodging. Applicants must provide Materials Management or the University Budget Office all details regarding the arrangement, including (1) the amount to be charged, (2) the length of stay, and (3) contact information. A signed rental agreement must be presented to receive reimbursement. State funds cannot be used to prepay for any lodging or lease. To qualify for the use of state funds for reimbursement (whether to employee or to other funding source for prepayment or deposit), the University Budget Office must approve this form PRIOR to the signing of any lease agreement.

PLEASE FILL OUT A SEPARATE FORM FOR EACH LEASE AGREEMENT

**Department:** \_\_\_\_\_  
**Dates (# of Nights):** From \_\_\_\_\_ To \_\_\_\_\_  
 Total # of Nights: \_\_\_\_\_  
**Will ECU be billed directly?** Y  N

**Banner Information:**  
 Special Funds      FUND: \_\_\_\_\_  
 Student Affairs      ORG: \_\_\_\_\_  
 Grants      ACCT: \_\_\_\_\_  
 Foundations      PROG: \_\_\_\_\_  
 State       ECU-P

**Purpose of Visit (continue to next page if needed):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) of Individual(s) Covered on Lease Agreement, attach additional pages if needed	Amount to be Reimbursed <sup>1,2</sup>	Estimated Daily Rate
<b>TOTAL REIMBURSEMENT REQUEST<sup>3</sup></b>		

<sup>1</sup>If the unit is shared by several individuals, split cost evenly (or pro-rate if lengths of stay vary).  
<sup>2</sup>If the lease agreement calls for payment in a foreign currency, do NOT convert into USD. List the cost as stated on the lease (e.g., CZK 8,800). Approval will be determined based on exchange rate at the time of approval.  
<sup>3</sup>Total must match lease agreement. If it does not, please provide an explanation:

1. Does the daily rate exceed the State approved daily rate? (Consult State Budget Manual @ [http://www.osbm.state.nc.us/files/pdf\\_files/BudgetManual.pdf](http://www.osbm.state.nc.us/files/pdf_files/BudgetManual.pdf) for current rates.)  
 No → Stop here and submit this form along with copy of the lease agreement.  
 Yes → Go to question #2.
  
2. Does the daily rate exceed standard mid-range hotel rates in the area? (Mid-range hotels are defined as ranging from \$80-\$200 and include names such as Holiday Inn, Comfort Inn, Best Western, etc)  
 No → Stop here and submit this form along with copy of the lease agreement.  
 Yes → Go to question #3.

3. What extenuating circumstances support this request? Please provide sufficient documentation and an explanation to justify an exception to State Budget policy. Please attach supporting documentation.
4. Attach this approved form to the reimbursement submitted to Accounts Payable.

**Additional documentation and justification:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Each individual listed in the lease agreement must sign and date this request for reimbursement. Additional signatures may be included on a separate page.**

Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date: _____
Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date: _____
Department Head: Sign: _____ Print: _____	Date: _____
Funding Source: Sign: _____ Print: _____	Date: _____
University Budget Office: Sign: _____ Print: _____	Date: _____
Materials Management: Sign: _____ Print: _____	Date: _____

**Additional signatures if necessary:**

Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date:
Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date:
Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date:
Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date:
Name of Individual Covered on the Lease: Sign: _____ Print: _____	Date: