



On-site lodging at the Stanford Guest House is authorized for work date:

for the following employee(s):

List the first and last name of each employee for whom you are authorizing on-site lodging.

1.	
2.	
3.	
4.	

for:

Documented basis for on-site lodging cost allowability

(re: FAR 31.201-3, *Determining Reasonableness*)

Reasonable efforts were made to avoid employee(s) working outside of their normally scheduled shifts.

Supervisor Authorization

Signature

Printed SLAC Supervisor Name

Date:

Comments / Notes

**To be completed by approving**

ALD Approval

Signature

Printed Name

Date:

Comments / Notes

Completed and approved form to be provided with Concur Expense Report