The prevalence of home sharing networks (such as AirBnB and VRBO) to serve as alternatives to traditional hotel/motel stays has increased over the past few years and is changing the way individuals travel. Recently, however, concerns regarding the safety of travelers that utilize these services have surfaced. As a result, the university has implemented a policy discouraging the use of these types of alternate lodgings.

The University understands that the need to utilize such accommodations may be necessary given the type of travel incurred in a Higher Education setting, specifically related to group travel and/or lodging for extended periods, therefore, the university will allow the use of alternate lodgings on an exception basis. Group travel relates to faculty and staff members who are supervising groups of students on university-sponsored activities.

**Prior Approval Necessary**

Requests for alternative lodging must be submitted for approval prior to making the purchase. The request, along with proper documentation supporting the decision to use alternative accommodations must be submitted within 14 days prior to the purchase/reservation. Upon approval by the AVP, Finance (or designee), the lodging should be booked. An approved Alternate Lodging Request Form must be attached as supporting documentation for reimbursement and/or reconciliation purposes.

**Cancellation and Prepayment Policies:**

Compared to traditional hotel and motel providers, who typically allow cancellations and refunds within 24 hours of arrival, alternative lodging providers may have stricter rules. In addition, alternative lodging providers typically require the traveler to pay for the entire stay well in advance of the travel date.

**Travelers assume all risk when placing travel charges on their personal card. The university will not reimburse travelers for charges related to cancellations, no shows or travel insurance.** Travelers may only seek reimbursement for lodging costs after the trip is completed. Travelers are discouraged from agreeing to any cancellation policy that does not provide a full refund if cancelled with one days’ notice. If travelers choose accommodations that do not provide this flexibility, they must use a personal form of payment and wait to be reimbursed once the trip is completed. For direct bill situations, any Terms and Conditions present on a lodging agreement must be reviewed by the Office of Procurement Services.

**Submission:**

Submit completed Alternative Lodging Request Form to the Associate Controller for Accounting Operations and Disbursements at MSC 5705.

 **Prepared by:** Click or tap here to enter text. **DeptID #s to charge:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Domestic |  | [ ]  | International |

 **Location**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total # of nights  | \_\_\_\_\_ | From: | Click or tap to enter a date. |  | To: | Click or tap to enter a date. |

**Length of stay**:

**Business Purpose of Travel**: Click or tap here to enter text.

**Alternate Lodging Property Address**: Click or tap here to enter text.

**Exception Request Purpose (check all that apply):**

|  |  |  |
| --- | --- | --- |
|[ ]  Group Travel\* (attach roster) | [ ]  | Extended international stays of 7 days or more |
| [ ]  | Other: Click or tap here to enter text. |

\*Group travel: Faculty and staff members who are supervising groups of students on university-sponsored activities

**Cost/Benefit Analysis**: A cost comparison must be attached to support the amount of cost savings to the university. The cost comparison statement should show the total cost for using the alternate accommodations, the cost of usual accommodations, net savings, and proposed payment method.

**Certifications**:

|  |
| --- |
|[ ]  **Reviews**: I have read through reviews of the property selected and contacted the host to satisfy any questions I have about the accommodations. **Note that** **the university will not reimburse a traveler for additional accommodations if the selected lodging does not meet your expectations.** |
|[ ]  **Per Diem:** I have reviewed the cost per night to ensure that it is below state per diem rates. Note that cleaning fees are included in the calculation of per diem costs, whereas taxes and other fees are not. |
|[ ]  **Location**: I have evaluated the location for safety, overall conditions, and proximity to the business purpose. |
|[ ]  **Cancellation**: I have read through and understand the cancellation/refund policies of the property selected. Compared to traditional hotel and motel providers, who typically allow cancellations and refunds within 24 hours of arrival, alternative lodging providers may have stricter rules. In addition, alternative lodging providers typically require the traveler to pay for the entire stay well in advance of the travel date. **Travelers assume all risk when placing travel charges on their personal card. The university will not reimburse travelers for charges related to cancellations, no shows or travel insurance**. Travelers may only seek reimbursement for lodging costs after the trip is completed. Travelers are discouraged from agreeing to any cancellation policy that does not provide a full refund if cancelled with one days’ notice. |
|[ ]  **Terms & Conditions:** For direct bill situations, I understand that any Terms and Conditions present on a lodging agreement must be reviewed by the Office of Procurement Services. Approvals granted below are contingent upon Procurement Services ability to secure Terms and Conditions that satisfy Commonwealth of Virginia requirements. |

Additional Academic Affairs Approvals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traveler Name & Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approving Authority Name & Signature Date Dean/AVP Name & Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP, Finance Approval (or designee) Date Provost Name & Signature Date