

# Lodging Waiver Form

Upon completion, send to the Office of Compliance and Risk Management for review. If approved, the appropriate Vice President must also approve and sign. This form must be attached to your Request in Concur.

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Re: \_\_\_\_\_

MSU Employee Name(s):

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

MSU Student Name (s):

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

Dates of Travel: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Requested waiver explanation of extenuating circumstances requiring MSU faculty/staff to lodge with MSU student(s):

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

Director of Federal Regulatory Compliance  
Office of Compliance and Risk Management

Date

Vice President

Date