

# 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):

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MSU Student Name (s):

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

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

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

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Department Head

Date

Dean/Director

Date

Director of Federal Regulatory Compliance  
Office of General Counsel

Date

Vice President

Date