

LONG TERM LODGING (LTL) REQUEST FORM

Return completed form to the vendor(s) of your choice to receive quotes

Complete all applicable fields

#	Requirement	Field Guidance	Your Response
SECTION A - Traveler & Agency Information			
1	Government Agency	Name of the requesting federal agency	
2	Guest Name	Full name of the traveler	
3	Guest Cell	Best contact number during TDY	
4	Guest Email	Official government email address	
SECTION B - Location & Dates			
5	TDY / Preferred Location	City, state, or full address — used as the center point when searching for lodging	
6	Search Radius (miles)	Max commute distance from TDY location you are willing to accept	
7	Arrival Date	Enter actual check-in date (MM/DD/YYYY)	
8	Departure Date	Enter actual or estimated check-out date (can be flexible)	
9	Length of Stay (nights)	Number of nights (enter manually or calculate from dates above)	
10	Ability to Extend Stay?	Y or N — indicate if an extension may be needed	
SECTION C - Unit Requirements			
11	Number of Units	For group assignments: total units needed	
12	Number of Adults	Total adult occupants across all units	
13	Number of Dependents	List total number of accompanying dependents. If applicable.	
14	Number of Bedrooms	Per unit	
15	Number of Beds	E.g., '3 beds — 2 children sharing 2nd bedroom'	
16	Number of Bathrooms	Per unit	
17	Pets (breed & weight)	Y or N — if yes, specify breed and weight	
18	Nightly Budget	Maximum nightly rate; must be at or below per diem	
19	Parking (# of spaces)	Y or N — if yes, specify number of spaces required	
20	Housekeeping	Y or N — frequency preference if applicable	
21	Special Requests	Any additional preferences or requirements (e.g., no high floors, accessible unit, near public transit)	
SECTION D - Authorization			
22	Payment Method	Government Travel Card (SmartPay) or agency approved payment method	
23	Are Funds Authorized?	Y or N — confirms you are ready to book if a compliant option is presented	