



**GRA & UGS Program
Travel Authorization and Expense Worksheet**

Return to Organization/Group Office
for approval signature and review

Name (First, Last, Middle)		Permanent Address (P.O. Box, Street, City, State, Zip, Country)		
Z Number				
Group Contact for Questions		Group	Phone	Mailstop
Org. Code	Project Code	Cost Acct./Work Pkg.	Percentage	Dollar Amount
Total				\$

1. Itinerary (Include travel time enroute)

Departure City and State	Date of Departure	Arrival City and State	Date of Arrival

2. Airfare

Airline:	From:	To:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Airline:	From:	To:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Airline:	From:	To:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Airfare			\$

3. Rental Car/Gasoline	\$
4. Local Transportation	\$
5. Parking	\$

6. Private Auto	from:	to:	total miles:	x <u>current rate</u>	\$
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7. Rental Car	state:	city:	company:	# of days:	\$
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8. Meal and Incidentals. Based on itinerary lodging location. Reimbursement will be calculated by Travel Office.	Day of Departure (75% maximum)	\$
	Official Business Days (100% of maximum)	\$
	Day of Return (75% of maximum)	\$

9. Lodging	state:	city:	# of nights:	\$
	state:	city:	# of nights:	\$
	state:	city:	# of nights:	\$
	state:	city:	# of nights:	\$

10. Baggage Fees	\$
11. Shipping	\$
12. Total Trip Expenses	\$
13. Less Advances	\$
14. Estimated Due to Traveler	\$

15. Details

Empty box for details.

16. Check Disbursement Details *(required)*

<input type="checkbox"/> Send to mailstop: _____	<input type="checkbox"/> Mail to the following address below: <i>Note: if foreign address, phone number is required.</i>
<input type="checkbox"/> Direct Deposit – Please see “note” on page 3	

I hereby certify that, except as otherwise noted, the information submitted in this expense worksheet reflects only expenses incurred by me during official business for Los Alamos National Laboratory on the dates shown. The worksheet reflects all discounts, reductions, trade-ins, or offsets whatsoever, which reduce the expenses actually incurred. False claims and statements are illegal and may be punishable by fines and/or imprisonment.

Traveler's Signature *(required)*: _____ Date: _____

Return to organization for approval and review.

I approve expenses as submitted:

Line Manager Signature *(required)*: _____ Z Number: _____ Date: _____

Is lodging over GSA rate approved? Yes No Justification required below

Justification statement *(by management)*:

Empty box for justification statement.

Instructions for Student Travel Worksheet 1127-A

- Host Group Fill in all requested information completely. If split coding is required, include all codes and percent or dollar amount information.
1. Itinerary and arrival location A detailed travel itinerary is required for all travel reimbursement. Indicate city and date of each departure
 2. Airline Indicate airline companies used, cities of departure, and cities of arrival. Check yes box if ticket was/was not issued by LANL. Do not include bag fees.
 3. Rental Car/Gasoline Indicate total official gasoline charges.
 4. Local Transportation Indicate total official local transportation charges, including taxis, metros, subways, tolls, etc.
 5. Parking Indicate total official parking charges, excluding personal time.
 6. Private Auto Indicate the departure city, the final destination city and the total miles driven. Total equals official miles multiplied by current mileage rate.
 7. Rental Car Indicate state and city in which you rented the vehicle, the company used, and the number of days rented. Indicate total from the rental car receipt; i.e. Total = rate + tax + gasoline. Rental car insurance and GPS fees are not reimbursable.
 8. Meal and Incidental Expenses Meal and Incidental reimbursement will be calculated by the Travel Office based on the itinerary provided in item 1.
 9. Lodging For each hotel, indicate the state, city, and the amount requested. Justification from line management for is required for reimbursement of hotels that are above the Federal lodging rate.
 10. Baggage Fee Indicate the baggage fees that are charged by the airline but are separate from the airfare.
 11. Shipping Indicate total of shipping costs. A receipt showing the cost and total weight shipped is required. Maximum weight is 200 lbs.
 12. Total Trip Expenses Total of expenses from the right-hand column.
 13. Less Advances Indicate all LANL advances, such as airline tickets provided by LANL.
 14. Estimated Due Traveler Deduct advances from total expenses to arrive at estimated amount due traveler.
 15. Details Provide details that are pertinent to reimbursement.
 16. Check Disbursement If you would like your reimbursement check sent to an address other than your mailstop, indicate in space provided.

Questions: If you have any questions regarding your reimbursement, please call the Travel Office at 667-2811.

Send To: Attach **itemized** receipts, sign where indicated, and mail to your Group Office for final review and approval. Group Office will then forward completed and approved form and all receipts to: the Travel Office, MS P234.

Note: Direct deposit can be requested for Guests with multiple reimbursements such as monthly travel payments. Deposits can only be made to US bank accounts. Electronic Funds Transfer Authorization Form and instructions located at: <http://cfo.lanl.gov/tot/default.shtml>. Please note: Direct Deposit may not be effective for up to 10 days after request is submitted.