



CFO-1, Travel MS P234
P.O. Box 1663
Los Alamos, NM 87545

**Interviewee Travel
Authorization and Expense
Worksheet**

Name	SS Number	Phone	Mailstop	Group
Cost Center	Program Code	Cost Acct	Work Package	Voucher ID

1. Dates of Official Business	Official City	Purpose
from: to:		

2. Airfare	airline:	from:	to:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Airfare	airline:	from:	to:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
Airfare	airline:	from:	to:	LANL Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Airfare Refund	<input type="checkbox"/> Private Plane Used	Total Airfare		\$
3. Gasoline:				\$
4. Local Transportation:				\$
5. Parking:				\$

6. Private Auto	from:	to:	total miles	x current rate	\$
Private Auto	from:	to:	total miles	x current rate	\$
Private Auto	from:	to:	total miles	x current rate	\$

7. Rental Car	state:	city:	company:	# of days:	\$
7. Rental Car	state:	city:	company:	# of days:	\$
7. Rental Car	state:	city:	company:	# of days:	\$

8. Meals and Incidentals Calculation: Based on maximum allowable rate for lodging location. Look at current rate tables for items 8 & 9.	Day of Departure (75% of maximum)	\$
	Official Business Days (100% of maximum)	
	Day of Return (75% of maximum)	

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

10. Official Phone/Fax:	\$
11. ATM Fees:	\$
12. Lodging with Friends and Relatives	\$
13. Registration Fee: Lab Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
14. Other - Details Required	\$

* Not required	15. Total Trip Expenses:	\$
** Advances include all expenses prepaid by LANL	16. **Less Advances:	\$ < >
	17. Estimated Due Traveler:	\$

18. Split Coding

Cost Center	Program Code	Cost Account	Work Package	Percentage	Dollar Amount
Total Due Traveler (from Page 1)				Totals	\$

19. Details

20. Check Disbursement details (*Required*)

Call at phone # for check pick-up

Send to mailstop

Mail to the following address:

I hereby certify that, except as otherwise noted, the information submitted in this expense worksheet reflects only expense incurred by me during official business of the 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.

Travelers Signature (required): _____ Date: _____

Line Manager Approval Signature: _____ Date: _____

Note: Line below is for information purposed only. HR is not required to approve the form.

HR Generalist Contact: _____

Has lodging rate been exceeded? Yes No

Justification (if exceeded): _____

Instructions for Interviewee Worksheet 1127-I

Employee Information	Fill in all requested information. If split coding is required, use the Split Coding section on page 2.
1. Official Business	Indicate date official business began and ended at each business point. Indicate city in which business was conducted and the purpose of the visit. Exclude all travel time enroute.
2. Airline	For each airline used, indicate company, city of departure, and city of arrival. If there are unused tickets attached to the claim, check "airfare refund." If a private plane was used as your mode of transportation, check "private plane." Indicate total airfare amount.
3. Gasoline	Indicate total official gasoline charges, excluding amount from rental car receipts.
4. Local Transportation	Indicate total official local transportation charges, include taxis, metros, subways, tolls, etc.
5. Parking	Indicate total official parking charges, excluding personal time.
6. Private Auto	Indicate the city you left from and the city you drove to and the total miles driven. Total equals total miles times current mileage rate.
7. Rental Car	For each rental, 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; ie. Total = rate + tax + gasoline.
8. Meals and Incidental Expenses	Use link to rate table to determine maximum for meals and lodging location. Note that the date of departure and return are reimbursed at 75% of this rate.
9. Lodging	For each hotel, indicate the country or state and city. Indicate total number of official nights and the total lodging cost to be reimbursed.
10. Official Phone	Indicate total official phone charges.
11. ATM Fees	Indicate total ATM fees.
12. Lodging with Friends and Relatives	Indicate additional costs your host incurred in accommodating you only if you are able to substantiate the cost difference.
13. Registration Fee	Indicate whether registration fee is Lab issued and total registration fee amount.
14. Other	Indicate total miscellaneous charges. If any single expenditure is over \$75, a receipt is required. Details are required for all amounts.
15. Total Expenses	Add all expenses from the right-hand column.
16. Less Advances	Indicate all LANL advances, such as airline tickets, registration fees, and vendor payments.
17. Estimated Due Traveler	Deduct advances and tax withholding from total expenses to arrive at estimated due traveler.
18. Split Coding	If split coding is required, indicate codes and dollar or percentage amount.
19. Details	Indicate any details that should be recorded with this trip.
20. Check Disbursement	If you would like your reimbursement check sent to an address other than your mailstop, indicate here.

Questions: If you have any questions, please call the Travel Office at 665-8529.

Send To: Attach all original receipts, sign where indicated, and mail to: Travel Group, MS P234.