



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.