

NCI - CONTRACTOR TRAVEL REQUEST

DATE:

TO: Allison Eyer
Travel Coordinator

FROM:

GENERAL INFORMATION

Traveler name:

Title:

Employee #:

Phone Ext:

E-mail:

Company:

Date of Departure:

Center #:

Date of Return:

Account #:

Destination:

City

State/Country

County

Event to be attended (Seminar, Conference, Training, Collaboration?):

Justification for Travel: (include benefit if more than one person is traveling to the location)

Special Considerations: (Provide detailed justification when requesting a rental car, hotel per diem increase, etc.)

If traveler is not an SAIC-Frederick employee, describe the relationship and benefit travel provides to the SAIC-Frederick contract.

Does traveler intend to use annual leave in conjunction with this travel? How many days will be used? Please refer to the SAIC-Frederick travel policy for limitations on use of annual leave. (<http://home.ncifcrf.gov/saic/bpdocs/travelpage.htm>)

Travel Office Use Only

COA Letter No: _____

Travel Order No: _____

COST ESTIMATE WORKSHEET

Allowable Per Diem: _____ Day X _____ day of departure X _____
 _____ Days X _____
 _____ Day X _____ day of arrival X _____

Allowable Hotel Per Diem: _____ Days X _____ hotel per diem rate
 Tax(domestic only) 10% _____ hotel per diem rate X _____ tax rate
 minimum: _____ Days X _____

Registration/Tuition Fees: _____

Airfare/Train: _____

Abstract Fee: _____

City Cab: _____

Personal Auto Mileage: _____ Miles X _____ POV Reimb. Rate

Car Rental Expenses: _____ Days X _____

Taxi, Shuttle, Metro, Etc.: _____

Parking/Tolls: _____ Days X _____

Telephone: _____ Days X _____

Other(explain in comments) _____

Subtotal: _____

Less Outside Reimbursement: _____

Total Estimated Contract Cost: _____

Travel office should handle arrangements for:

	Registration	Air/train	Hotel	City Cab	Other
Does the traveler require an advance for this trip?	Yes				No

Name and source of outside funding to be provided:

Comments:

Cash advances to employees must be accounted for by my submission of an After Trip Travel Expense Report and required receipts within 45 days after my return. If not submitted within 45 days, I hereby authorize the payroll organization to take deductions from my pay up to a maximum of \$50.00 bi-weekly until my account and obligation to the Company has been fulfilled. In the event of my severance from the Company, any outstanding balance will become immediately due and payable. I expressly authorize the amount of that balance to be deducted from

Employee Signature _____ Date _____

MANAGER/DIRECTOR APPROVAL:

I ATTEST THAT FUNDS ARE AVAILABLE FOR TRAVEL WITHIN THE APPROVED BUDGET

Printed Name _____ Signature _____ Date _____

Prepared by: _____ E-mail: _____ Ext: _____