

NCI/DCTD/ARC CTPS/STEPS TRAVEL REPORTING & CGE GUIDE



REVISED JANUARY 2016 – DCTD TRAVEL HPOC

TRAVEL REPORTING SYSTEMS

<https://nciconnect.nci.nih.gov/travel/travelpages.aspx>

NCI Travel Planning

Please use the descriptions below to determine which system to enter your travel plans; if you're unsure or have any questions please refer to the following [flowchart guide](#) or contact your HPOC. Please note that these systems have unique provisioning.

Conference Travel Planning System (CTPS)

The Conference Travel Planning System (CTPS) will proactively collect and consolidate NCI's planned conference travel and identify conference attendees exceeding thresholds set by HHS/NIH. This system will track non-HHS sponsored conference travel and is not intended for conferences sponsored or funded by HHS (ex. site visits, program travel). This process provides the ability for travel planners, HPOC's and senior management officials at NCI to track and flag conferences for submission to NIH in the form of an Attachment C for special consideration and approval. Additionally, it gives our management team a proactive view of conference travel for planning purposes and the ability to holistically view non-HHS sponsored conference travel for the Institute.

Single Traveler Event Planning System (STEPS)

The NCI Single Traveler Event Planning System (STEPS) is a web application designed to track all planned non-conference travel for NCI personnel. All planned non-conference travel should be entered into STEPS. Some common types of travel that should be entered into STEPS include:

- Attendance of an Award or Degree Ceremony
- Collaboration Meetings
- Instructing or Teaching a Course
- Grand Rounds
- Program Reviews
- Site-Visits

AO APPROVAL NEEDED BEFORE ENTERING A STEPS REQUEST

NCI Conference Request (formerly Attachment A)

Attendance of a conference by NCI personnel that is sponsored, hosted or funded by HHS or an HHS component requires the submission of an NCI Conference Request formerly Attachment A travel request to the department for approval. Please contact the NCI Travel Policy Core or NCI Conference Request mailbox for assistance with this type of planned travel. Note: If the conference travel is not sponsored, hosted or funded by an HHS component it will require an Attachment C submission to NIH and should be entered into the CTPS.

It's A CONFERENCE....:

- IF the event takes place annually, i.e., the 2nd, 5th, 54th annual conference
- IF there is a registration fee
- IF there is a website
- IF it's open to the public

*****REMEMBER that you DO NOT have to wait to start making your traveler's travel arrangements or start creating and routing the TRAVEL AUTHORIZATION (TA) in the CGE TRAVEL SYSTEM. You can CREATE and ROUTE the TA as soon as the traveler tells you about the travel.*****

ALL CTPS REPORTING SCHEDULE FOR 2016 & 2017:

Due COB in CTPS	Jan 15, 2016	Feb 16, 2016	Mar 15, 2016	Apr 15, 2016	May 16, 2016	Jun 15, 2016	Jul 15, 2016	Aug 15, 2016	Sep 15, 2016	Oct 14, 2016	Nov 15, 2016	Dec 15, 2016
Attendance Requests for:	AUG '16	SEP '16	OCT '16	NOV '16	DEC '16	JAN '17	FEB '17	MAR '17	APR '17	MAY '17	JUN '17	JUL '17

TRAVEL REPORTING SYSTEMS



Please respond to the travel questions below to determine the correct travel system for your planning. You may also navigate to the systems directly by clicking the buttons at the bottom of the form.

If you would like more information about each of the systems, click the help bubble next to the names below.

Travel System Information

STEPS: [?](#) CTPS: [?](#) Conference Request: [?](#) Exemption Request: [?](#)

Which System Should I Use?

Is this an NIH Funded Meeting? Yes No

Direct Travel System Navigation





Please respond to the travel questions below to determine the correct travel system for your planning. You may also navigate to the systems directly by clicking the buttons at the bottom of the form.

If you would like more information about each of the systems, click the help bubble next to the names below.

Travel System Information

STEPS: [?](#) CTPS: [?](#) Conference Request: [?](#) Exemption Request: [?](#)

Which System Should I Use?

Is this an NIH Funded Meeting? Yes No

Is this request for conference travel? Yes No

Direct Travel System Navigation

Navigate to CTPS.

Based on your response to the previous question, you are required to use CTPS. If you wish to proceed, press OK to be redirected.

CTPS -CONFERENCE TRAVEL PLANNING SYSTEMS

NATIONAL CANCER INSTITUTE NCI Conference Travel Planning System - (CTPS)

[Return to CTPS SharePoint Portal](#)

Conference Filter

In what Year does the conference you are searching for start?

In what Month does the conference you are searching for start?

Travel Planner Tools

Log Planned Travel Form

LIST OF CURRENT CONFERENCES WILL BE LISTED IN THE DROPDOWN MENU

Conference Title*

Traveler(s) Division(s)*

Number Of Fed Attendees*

Number Of Non-Fed Attendees*

Traveler Roles (Enter 1 Role per Traveler)

Number Speaking*

Number Attending (Total Attendees without Active Roles)*

Number Presenting*

Number in the Attendee Role that are Tenured Track Scientists*

Number Chairing*

Number in the Attendee Role that are Fellows*
Attendee Justification (Reason those in the Attendee role are attending this conference)*

Travel Purpose*

TO PRESENT ABSTRACT AT THE 5TH ANNUAL MIAMI ONCOLOGY SYMPOSIUM

Registration_Fees*

Travel Costs*

Note: All costs fields should be entered as an aggregate for ALL attendees included on this form. These fields are NOT costs per attendee.

Sponsor Cost

USE THE DCTD MAP WITH ESTIMATED REGIONAL COST LISTED

Traveler(s) Name(s)

Reason Why So Many Attendees Must Attend

If Applicable, Number of Past Attendees and Reason for Change

Message from webpage
 Your record has been saved.

TRAVEL REPORTING SYSTEMS



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If you would like more information about each of the systems, click the help bubble next to the names below.

Travel System Information

STEPS: [?](#) CTPS: [?](#) Conference Request: [?](#) Exemption Request: [?](#)

Which System Should I Use?

	Yes	No
Is this an NIH Funded Meeting?	<input type="radio"/>	<input type="radio"/>

Direct Travel System Navigation

STEPS

CTPS

Conference Request

Exemption Request





Please respond to the travel questions below to determine the correct travel system for your planning. You may also navigate to the systems directly by clicking the buttons at the bottom of the form.

If you would like more information about each of the systems, click the help bubble next to the names below.

Travel System Information

STEPS: [?](#) CTPS: [?](#) Conference Request: [?](#) Exemption Request: [?](#)

Which System Should I Use?

	Yes	No
Is this an NIH Funded Meeting?	<input type="radio"/>	<input checked="" type="radio"/>
Is this request for conference travel?	<input type="radio"/>	<input checked="" type="radio"/>

Direct Travel System Navigation

STEPS

CTPS

Conference Request

Exemption Request



Navigate to STEPS.

Based on your response to the previous question, you are required to use STEPS. If you wish to proceed, press OK to be redirected.

OK
Cancel

STEPS FILLABLE REQUEST FORM

All STEPS requests **MUST be pre-approved by ARC** before entering a record into the STEPS System. **This Form is NOT** the final approving phase **you MUST enter a STEPS Log entry into the STEPS Reporting System 30 days prior to the event start date** for NIH/NCI to review and approve.

<u>STEP ENTRY APPROVAL REQUEST FORM</u>			
Reminder: All approved STEPS requests must be entered into the system 30 days prior to the trip start date.			
TRIP START DATE:		TRIP END DATE:	
TRAVELER'S NAME(S):		DIVISION	
EVENT NAME/TITLE			
DESTINATION CITY, STATE		DESTINATION COUNTRY	
TRIP PURPOSE:			
EVENT VENUE:			
EVENT TYPE:	Select a Type		
TOTAL TRAVEL COST:	\$ 0.00	SPONSOR COST:	\$ 0.00
NUMBER OF NCI ATTENDEES: <i>(If Known)</i>		NUMBER OF NON-FED ATTENDEES: <i>(If Known)</i>	
APPROVALS			
TRAVELER'S SUPERVISORS SIGNATURE & DATE:			
_____		_____	
NAME		DATE	
AO SIGNATURE:			
_____		_____	
NAME		DATE	
COMMENTS:			

STEPS – SINGLE TRAVELER EVENT PLANNING SYSTEM



NCI Single Traveler Event Planning System - (STEPS)

[My Records Report](#) [Edit My Records](#)

Event Name/Title* **CANCER INVESTIGATIONAL INITIATIVE WORKSHOP** If this event has an official title please enter it here, otherwise please enter a title that will allow you to distinguish this trip from others you enter.

Event Venue* **MIAMI DADE RESEARCH INSTITUTE** Example: MD Anderson Cancer Center, University of Massachusetts Medical Center, etc.

Event Type* **COLLABORATIVE MEETING** Please enter the type of planned travel you are logging. If you are unsure of what to select please contact your HPOC for assistance.

Event Start Date* **5/5/2016** Event End Date* **5/8/2016** Note: If this is a mult-leg trip enter the event start and end dates for ONE leg only.

Destination City* **MIAMI**

Destination State* **FL** Destination Country* **UNITED STATES**

Traveler(s) Division* **DCTD**

Number of Fed Travelers* **1** Number of Non-FedTravelers* **0**

Travel Cost* **\$1,500** Sponsor Cost* **\$0.00**

Travel Purpose* **TO SPEAK AND PARTICIPATE IN AN BREAST CANCER FACE-TO-FACE PLANNING WORKSHOP ADDRESSING NEW WAYS TO TREAT BREAST CANCER.**

Name(s) Of Traveler(s)* **JACKIE ROBINSON**

Sponsor Cost Explanation

Save Record

Message from webpage

Your record has been saved.

OK



LATE EXCEPTION REQUEST FORM

CTPS / STEPS LATE EXCEPTION REQUEST FORM

This form is intended for all travel requests not submitted in CTPS by the required submission deadlines and any STEPS meetings submitted less than 30 days of meeting date. Traveler is to obtain supervisor's approval and submit to travel planner. Travel planner will route to the Administrative Officer for further processing. **NOTE: Approval by the ARC Director only means that the request will be forwarded on for NIH consideration. It DOES NOT grant approval to attend the meeting.**

Traveler's Name: **JOE JENKINS**

Travel Planner's Name: **DANIELLE FENWICK**

Conference/Meeting Title: **AACR ANNUAL MEETING 2016**

Official Conference/Meeting Dates: **APRIL 16 – 20, 2016**

Sponsoring/Host Organization: **AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR)**

Location/Venue: **ERNEST N. MORIAL CONVENTION CENTER**

City, State: **NEW ORLEANS, LOUISIANA**

Role: Chair Speaker Presenter Other: _____

Registration Cost: **\$1240**

Travel Cost (NIH Cost): **\$1750**

Is this a sponsored travel? Yes No If yes, Total Sponsor Cost: _____

TOTAL Travel Cost: **\$2990**

Justification for exception request:

Please explain why this request was not forecasted prior to the deadline and why the traveler needs to attend. Provide a copy of invitation letter/notification.

JUSTIFICATIONS SHOULD INCLUDE:

- ✓ **WHY IS THE REQUEST LATE FOR SUBMISSION?**
- ✓ **WHY MUST YOU ATTEND? (ASK THE TRAVELER FOR THIS INFORMATION)**

Supervisor Approval: **REQUIRED BEFORE SUBMITTING TO THE ARC**

Date: _____

Administrative Officer Approval: _____

Date: _____

ARC Director Approval: _____

Date: _____

Date Entered into System: _____

TRAVEL PACKAGES

DOMESTIC TRAVEL PACKAGES – Due to the ARC 3 weeks prior to Trip Start date for AO approval. If total trip cost is over \$10,000 – package is due to ARC 8 weeks minimum

FOREIGN TRAVEL PACKAGES – Due to the ARC 8 weeks prior to Trip Start Date for AO approval. If total trip cost is over \$10,000 – package is due to ARC 8 weeks minimum

PACKAGE SHOULD INCLUDE THE FOLLOWING:

- ✓ DCTD Travel Authorization Route Slip
- ✓ DCTD Domestic Travel Authorization Checklist (*OR*)
- ✓ DCTD Foreign Travel Authorization Checklist
- ✓ Completed Travel Authorization Form
 - Required Signatures/Initials
 - Traveler
 - Traveler's Supervisor
- ✓ OMEGA Itinerary Confirmation
 - Flight
 - Hotel
- ✓ NIH Airport Comparison Form
- ✓ Any Additional Required Forms pertaining to the trip, i.e.,
 - AEA Memo
 - Non-Contract Carrier Form
 - Foreign Flag Carrier Form
 - Taxi Fare estimate page(s)
 - MapQuest page(s)
 - Foreign Conversion page(s)
- ❖ All HOTEL and TRANSPORTATION Arrangement related to official Government travel must be done through the mandatory government travel agency – **OMEGA**
 - ❑ These are the following exception(s) – with prior ARC approval
 - Conference Housing Bureau
 - a rare extenuating circumstance
- ❖ All DCTD Travel Forms can be located on the DCTD ARC – NCI Website:

<http://home.ncifcrf.gov/dctd-arc/PopularTravelTopics.asp>

TRAVEL PACKAGES

SPONSORED TRAVEL PACKAGES – Due to the ARC 8 weeks minimum prior to Trip Start Date for ARC review – Then are submitted to the NCI Travel Office and the NCI Ethics Office by the ARC for final approval.

THINGS YOU SHOULD KNOW BEFORE YOU START:

- The sponsor's cost must be **greater than \$500** in order to be considered a sponsored travel.
- **NO Annual Leave** permitted in conjunction with sponsored travel
- NO Sponsored Reimbursable travel – all expenses **must be Sponsored IN-KIND**
- Non-FTE cannot travel using the HHS 348 sponsored travel mechanism.

HHS 348 SPONSORED TRAVEL PACKAGES SHOULD INCLUDE:

- ✓ HHS 348 Route Slip dated May 2015
- ✓ Signed Travel Authorization – **All signatures must be on the last page of TA**
- ✓ Letter of Invitation
 - No Federal Fund Statement
 - Sponsor Clearly Identified with Name & Address (Sponsor is who is writing the check to DHHS/NIH)
 - List of Sponsored Expenses (In-kind)
 - Date and Location of Meeting/Conference
 - Purpose of Trip
 - No Honorarium Offered
- ✓ Flight Confirmation
- ✓ Hotel Confirmation
- ✓ NIH Letter of Acceptance
- ✓ DCTD Meal Chart
- ✓ Meeting Agenda
- ✓ Map Quest page(s) if it's a NCI expense
- ✓ Taxi Fare page(s) if it's a NCI expense
- ✓ Any additional documents pertaining to the specific travel

TRAVEL PACKAGES

SPONSORED TRAVEL CONTINUED.....

USING AEA WITH SPONSORED TRAVEL

- This is the AEA statement that must be added to the Trip Details when the sponsored lodging rate booked is over the government per diem lodging rate.

Traveler's name is requesting approval of actual subsistence for sponsor in-kind lodging valued at **\$Actual rate** which is **%** of the government allowance of 125%. This percentage falls within the 300% threshold allowed by the FTR. The sponsor has noted that all other non-federal participants will be provided with the same accommodations.

TO FIGURE OUT YOUR PERCENTAGES YOU WILL USE THIS METHOD:

- **TAKE ACTUAL RATE DIVIDED BY THE GOVERNMENT PER DIEM RATE MULTIPLY BY 100 TO GET %.**
 - ☐ $\text{Actual Rate/Per Diem} \times 100\% = \% \text{ government allowance}$

TRAVEL OC CODES

- ☐ **Regular Program Meetings OC codes**
 - 2121 – Domestic meeting
 - 2123 – Foreign meeting
 - 2111 – Site Visits
 - 2131 – Non-Affiliated NIH Travelers
- ☐ **Conference OC Codes**
 - 2151 Domestic conference
 - 2152 Foreign Conference

VOUCHER PACKAGES

VOUCHER PACKAGES INCLUDE:

- DUE TO THE ARC WITHIN 5 BUSINESS DAYS AFTER THE TRIP ENDS
- ✓ Voucher Route Slip
- ✓ DCTD Domestic/Foreign Voucher Checklist
- ✓ Voucher
 - Must have Traveler's signature
- ✓ Receipts (Air, train, lodging, rental car, etc.)
 - Needed for expense of \$75 and greater
 - Must have a receipt for the following:
 - Baggage Fees
 - Internet Services
 - ATM Fees
- ✓ Other required documentation
- ✓ Voucher Expense Form – DCTD

Voucher cannot be approved by ARC until the Traveler has e-certified the electronic voucher in CGE. Except for Non-Affiliated Travelers – provide an email approval from traveler.

LOCAL VOUCHERS

- USED FOR GOVERNMENT MEETINGS AND ACTIVITIES
- Submit on a Quarterly basis during the Fiscal Year
 - 1st Quarter Months – Oct, Nov, Dec
 - 2nd Quarter Months – Jan, Feb, Mar
 - 3rd Quarter Months – April, May, June
 - 4th Quarter Months – July, Aug, Sept
- Supervisors MUST sign hardcopy

ALL LOCAL VOUCHERS DUE BEFORE SEPTEMBER 1ST.

LOCAL TRAVEL

LOCAL NON-GOVERNMENT TRAVEL FORM (HHS-99)

- USED FOR NON-GOVERNMENT MEETINGS AND CONFERENCES
- ❑ Must obtain prior approval from Supervisor on form
- ❑ Required when traveler is attending a LOCAL Non-Government Meeting or Conference.
 - Within 50 mile radius of the employee's official duty station and residence
- ❑ Use the DCTD Local Non-Government Travel Request Form in lieu of creating a HHS-99 travel request in CGE
- ❑ Must be submitted to AO 3 weeks prior to trip start date
- ❑ Must be vouchered within 5 days after meeting ends
- ❑ Local Travel cannot be Sponsored

ALL LOCAL VOUCHERS DUE BEFORE SEPTEMBER 1ST.

TRAVELER'S FOLDER

Should be given a Travel Folder at least 5 Days prior to trip start date:

FOLDER SHOULD INCLUDE:

- ❑ Travel Summary Page
- ❑ Approved Travel Authorization
- ❑ e-Ticket Receipts & Omega Itinerary
- ❑ Meeting Agenda
- ❑ Tax Exempt Form
- ❑ Voucher Expense Form

HHS POLICY UPDATES

LEAVE POLICY FOR TDY TRAVEL

- Domestic & Foreign
 - For every night of lodging – ONE day of Annual/Comp Leave may be taken up to 3 days and no more than 5 days per year.
- HHS strongly discourages using leave in conjunction with a Foreign trip to avoid the impression that government funds are being used for personal benefit.
- NO Leave with Sponsored Travel
- Leave does not include weekends
- There is NO "CWS" days when on official government travel – Traveler's tour of duty reverts to a regular 5 day work week with 8 1/2 hours days.

AUTHORIZATION OF AEA

- New Memo [Template](#) provided by HHS (sample on the next slides)
- Requires a cost comparison from 3 hotels with one of the hotels at the maximum lodging rate set by GSA as provided by OMEGA. If no rooms are available then this information must be part of the justification along with the 3 quotes.

REIMBURSEMENT WHEN SOMEONE ELSE DRIVES THE TRAVELER TO/FROM THE AIRPORT

A Constructed Cost Comparison is Required for these 2 scenarios and must be submitted with the travel package:

1. Use of a Taxi, shuttle, etc.
2. Driving to the airport (Mileage) and any necessary parking costs in the lowest costing available parking facility – NOT long term parking.

HHS AEA MEMO TEMPLATE

PAGE 1 OF 4 MEMO

ALL HIGHLIGHTED AREAS NEED TO BE COMPLETED

Request for Actual Expense Allowance (AEA) Memorandum

Memorandum

Date: [Click here to enter a date.](#)

To: [Click here to enter text.](#)

Through: [Click here to enter text.](#)

From: [Click here to enter text.](#)

Subject: Request for Approval of Actual Expense Allowance

The current Government per diem rate for this geographic location is [Click here to enter text.](#) for lodging and [Click here to enter text.](#) for Meals and Incidental Expenses (M&IE). I am requesting authorization of AEA expenses for lodging for the following event:

Event	Information
Name of Meeting:	Click here to enter text.
Dates of Meeting:	Click here to enter text.
Geographic Location:	Click here to enter text.
Date(s) for which AEA is being requested:	Click here to enter text.

Justification for requesting Actual Expense Allowance: Check the one box below that best describes why a request for AEA is warranted, in accordance with FTR 301-11.300, and complete the Hotel Cost Comparison Data and Information for all four (4) Hotels as provided below:

1. Hosting organization has a prearranged meeting site (i.e., rooms are booked with the hotel well in advance of the meeting dates). Note: Checking this box is not an automatic justification for authorization of an AEA hotel rate. The Hotel Cost Comparison Data and Information section below must be completed.
2. Hotel accommodations at the maximum (i.e., Government) lodging rate cannot be obtained within a five-mile radius of the TDY Location/meeting site in a major city. Local ground transportation (e.g., taxi) costs to commute to and from the hotel at the Government lodging rate to the meeting site would negate any savings achieved by staying at the hotel with the Government lodging rate. The Hotel Cost Comparison Data and Information section below must be completed.
3. Hotel accommodations at the maximum (i.e., Government) lodging rate cannot be obtained because travel is to a geographic location where the costs have escalated temporarily due to a special event (e.g., sporting, festival, major conference, etc.) and nearby cities/towns have escalated their hotel rates. Note: Checking this box is not an automatic justification for authorization of an AEA hotel rate. The Hotel Cost Comparison Data and Information section below must be completed.

PAGE 2 OF 4 MEMO

4. Safety and security concerns (e.g., heightened terrorist alerts, disease outbreak, etc.). The Hotel Cost Comparison Data and Information section below must be completed. Please provide additional information/justification for the AEA request below.

[Click here to enter text.](#)

5. Other. The Hotel Cost Comparison Data and Information section below must be completed. Please provide additional information/justification for the AEA request below. Note: This can include a scenario where there is no special event taking place (see box 3 above), yet a hotel at the maximum (i.e. Government) lodging rate cannot be procured in the geographic location.

[Click here to enter text.](#)

Proposed AEA Hotel

Proposed Hotel	Information
Name of Hotel:	Click here to enter text.
Address of Hotel:	Click here to enter text.
Phone Number of Hotel:	Click here to enter text.
Distance from meeting site ¹ :	Click here to enter text.
Daily ground transportation costs if applicable:	Click here to enter text.
Other daily costs, if applicable:	Click here to enter text.
Proposed Percent Per Diem Increase:	Click here to enter text.

¹ If the hotel is the meeting site, indicate zero (0) miles.

PAGE 3 OF 4 MEMO

Hotel Cost Comparison and Information²:

Hotel Comparison #1	Information
Name of Hotel:	Click here to enter text.
Address of Hotel:	Click here to enter text.
Phone Number of Hotel:	Click here to enter text.
Lodging Rate:	\$Click here to enter text.
Distance from meeting site ³ :	Click here to enter text.
Daily ground transportation costs if applicable:	\$Click here to enter text.
Other daily costs, if applicable:	\$Click here to enter text.

Hotel Comparison #2	Information
Name of Hotel:	Click here to enter text.
Address of Hotel:	Click here to enter text.
Phone Number of Hotel:	Click here to enter text.
Lodging Rate:	\$Click here to enter text.
Distance from meeting site:	Click here to enter text.
Daily ground transportation costs if applicable:	\$Click here to enter text.
Other daily costs, if applicable:	\$Click here to enter text.

Hotel Comparison #3	Information
Name of Hotel:	Click here to enter text.
Address of Hotel:	Click here to enter text.
Phone Number of Hotel:	Click here to enter text.
Lodging Rate:	\$Click here to enter text.
Distance from meeting site:	Click here to enter text.
Daily ground transportation costs if applicable:	\$Click here to enter text.
Other daily costs, if applicable:	\$Click here to enter text.

Note: Lodging Tax is not to be included in a requested AEA lodging rate in a domestic or non-foreign location; lodging tax is to be included in the requested AEA lodging rate in an international geographic location.

Additional Justification (if applicable): [Click here to enter text.](#)

² One of the hotels for the comparison must be at the maximum lodging rate set by GSA. If there is no hotel available at the maximum per diem rate, as provided by the TMC, the traveler must provide this information as part of the justification.

³ If the hotel is the meeting site, indicate zero (0) miles.

PAGE 4 OF 4 MEMO

Authorization of AEA not to exceed \$ [Click here to enter text.](#) which is [Click here to enter text.](#) % above the government lodging rate and \$ [Click here to enter text.](#) which is [Click here to enter text.](#) % above the M&IE rate for a maximum of \$ [Click here to enter text.](#) per day is requested for the dates above.

Traveler Signature

Approved

Date

Disapproved

Date

OMEGA INFORMATION

New Omega Fees

- The Base Period for the ETS2 Contract ended on June 3, 2015 and Option Period 1 began on June 4.
 - The TMC (Omega) fees have changed in Option Period 1.
 - The Voucher fee will remain the same.
 - The duration of Option Period 1 is four years.
- Omega Fees:

Service	New Fee	Previous Fee
On-Line Air/Rail	\$8.26	\$7.30
On-Line Lodging/Car Only	\$7.66	\$6.70
Agent Assisted Domestic Air/Rail	\$34.30	\$30.49
Agent Assisted Foreign Air/Rail	\$39.90	\$36.00

- ❖ All approved Travel Authorizations must be emailed or faxed to Omega no later than 72 hours of the trip start date – nihta@owt.net
- ❖ OMEGA Contact Line 855-566-9310

WE THANK YOU ALL FOR YOUR PARTICIPATION!

QUESTIONS?