



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

Return to Organization/Group Office
for approval signature and review

Name (Last, First, Middle)		Permanent Address (P.O. Box, Street, City, State, Zip, Country)		
Z Number		University/School Location (City, State)		
Group Contact for Questions		Group	Phone	Mail Stop
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 current rate
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7. Rental Car

State:	City:	Company:	Number of Days:
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8. Meals and Incidentals
Meals and incidentals will be calculated by the Travel Office.

Day of Departure (75% maximum)	
Official Business Days (100% of maximum)	
Day of Return (75% of maximum)	

9. Lodging

State:	City:	Number of Nights:
State:	City:	Number of Nights:
State:	City:	Number of Nights:
State:	City:	Number of Nights:

10. Baggage Fees	
11. Shipping	
12. Estimated Expenses	

13. Details

14. Check Disbursement Details *(required)*

<input type="checkbox"/> Send to mailstop: _____ <input type="checkbox"/> Direct Deposit – Please see “note” on page 3.	<input type="checkbox"/> Mail to the address below: <i>Note: if foreign address, phone number is required.</i>
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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’s Signature *(required)*: _____ Z Number: _____ Date: _____

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

Justification statement *(by management)*:

Instructions for Student Travel Worksheet 1127-S

Fill in all requested information completely. If split coding is required, include all codes and percent or dollar amount information.

1. Itinerary A detailed travel itinerary is required for all travel reimbursement. Indicate city and date of each departure and arrival location.
2. Airfare Indicate airline companies used, cities of departure, and cities of arrival. Check yes box if ticket was issued by LANL. Do not include bag fees.
3. Rental Car Gasoline Indicate total official gasoline charges. Gasoline should not be claimed when using a private vehicle.
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 Incidentals Expenses Meals and Incidentals 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 is required for reimbursement of hotels that are above the federal lodging rate.
10. Baggage Fees 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. Estimated Expenses Total of expenses from the right-hand column.
13. Details Provide details that are pertinent to reimbursement.
14. 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 667-5859 or email studenttravel@lanl.gov.

Send To: Attach **itemized** receipts, sign where indicated, and mail to your Group Office for final review and approval.

Note: Direct deposit can be requested for students. (Travel direct deposit is not the same as direct deposit that is set up for payroll.) Deposits can be made only to US bank accounts. Electronic Funds Transfer Authorization Form and instructions are located at https://int.lanl.gov/finance/controller/travel/travel_reimbursement.shtml. Please note: Direct deposit may not be effective for up to 10 days after request is submitted.