

CNLS Conference and Workshop Travel Reimbursement Worksheet

Return to CNLS with travel documentation and receipts

Conference / Workshop Title	
Location:	Date:

Attendee Information

Name (first, middle, last)		Mailing Address: (Required for Payment)
Telephone (Required)	E-Mail Address	
<input type="checkbox"/> Mail Check <input type="checkbox"/> Other Instructions (Specify on Back of Form)		

Reimbursable Expenses

Checked items may be applied towards your maximum approved reimbursement. Receipts are required unless specified.

<input type="checkbox"/>	Airfare	Departure City and State/Country _____	Arrival Date _____	Depart Date _____	Total Airfare Not to Exceed	USD
<input type="checkbox"/>	Rental Car	Pick-Up Date _____	Drop-Off Date _____	# of Days _____		USD
					Rental Car Gasoline	USD
<input type="checkbox"/>	Private Auto	Total Miles _____	x \$.445 / mile			USD
<input type="checkbox"/>	Airport Shuttle					USD
<input type="checkbox"/>	Lodging	Hotel _____	Rate _____	# of Nights _____	USD	
		Hotel _____	Rate _____	# of Nights _____	USD	
<input type="checkbox"/>	Per Diem (receipts not required)				Total Per Diem (Amount calculated by Coordinator)	USD
	# Days Attended _____	Meals provided by Conference and subtracted from Per Diem:				
		<input type="checkbox"/> Breakfast (# days____)	<input type="checkbox"/> Lunch (# days____)	<input type="checkbox"/> Dinner (# days____)		
Total Requested Expenses						USD

Account and Support Information

For Internal Use Only

Conference Coordinator	Group	Phone	Mail Stop	E-Mail Address	
Technical Host	Cost Center	Program Code	Cost Account	Work Package	
Authorized Signature for Approval			Request Date	Max Support Approved	\$

- U9XX Established Division Approval
 DOE Approval (If Required) Contract (LANL) or UC (LANS) Expense

Processed By: _____