

Los Alamos

NATIONAL LABORATORY

Affiliate Attendance Report and Certification

Mail to: BUS-1 MS P238

Name	Group	Cost Center	Program Code
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ENTER HOURS WORKED PER DAY

Indicate work performed at home base with a single asterisk and work performed on official Laboratory travel status with two asterisks.

Week Beginning	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ATTENDANCE APPROVALS

Signature (Group Leader or Division Leader)	Date	Affiliate Signature	Date
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GROSS RECEIPTS TAX

I certify that I am subject to the New Mexico Gross Receipts Tax and request payment of this tax on * hours of this affiliate attendance report and certification. I understand that it is my responsibility to pay this tax to the State of New Mexico.

Affiliate Signature

Date

* Enter "ALL" or the number of hours of this attendance that are subject to the New Mexico Gross Receipts Tax.

SPONSORING ORGANIZATION USE ONLY

Is Affiliate's daily fee to be paid for the above time reported?

Yes No

Was any of this time worked enroute to/from the duty station? (If so, specify hours and dates)

Yes No

Is Affiliate's daily fee to be paid while on Official Laboratory Travel Status?

Yes No

Is a MAXIMUM dollar amount or MAXIMUM days/hours to be paid on this attendance? (If so, please specify)

Yes No

Is daily fee to be split? (If so, indicate below)

Yes No

Dollar Amount	Percentage of Hours	Cost Center	Program Code

MAILING INSTRUCTIONS FOR AFFILIATE'S CHECK

Mail to Affiliate's preferred address

HOLD check--will be picked up

Mail to the following address:

Send to Mail Stop

Notify (Telephone No.)