

Name					
Home Address: (PO Box, Street, City, State, Zip, Country)					
Group contact for questions:				Group	Phone
Cost Center	Prog Code	Cost Acct	Work Pkg.	<b>Note:</b> If split coding is required, give codes and percentages on page 2.	
<b>1. Itinerary (Include travel time enroute.)</b>					
Departure City		State	Date of Departure	Arrival City	
<b>2. Official Business Points (Do not include travel time.)</b>					
Official City:			start date:	end date:	
Official City:			start date:	end date:	
3. Airfare	airline:	from:	to:	LANL issued? <input type="radio"/> Y <input type="radio"/> N	
	airline:	from:	to:	LANL issued? <input type="radio"/> Y <input type="radio"/> N	
	airline:	from:	to:	LANL issued? <input type="radio"/> Y <input type="radio"/> N	
				Total Airfare	\$
4. Gasoline					\$
5. Local Transportation					\$
6. Parking					\$
7. Private Auto	from:	to:	total miles:	x \$.325	\$
	from:	to:	total miles:	x \$.325	\$
8. Rental Car	state:	city:	company:	# days:	\$
	state:	city:	company:	# days:	\$
9. Meals and Incidentals Based on maximum allowable rate for lodging location. See <a href="#">rate table for cities</a> for items 9 and 10.		Day of Departure (75% of maximum)			\$
		Official Business Days (100% of maximum)			\$
		Day of Return (75% of maximum)			\$
10. Lodging	state:	city:	#nights:		\$
	state:	city:	#nights:		\$
	state:	city:	#nights:		\$
11. Official Phone/Fax					\$
12. ATM Fees					\$
13. Lodging with Friends and Relatives					\$
14. Registration Fee: Lab Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO					\$
15. Other - Details Required (Enter details in section 21 on page 2.)					\$
<b>Note:</b> Gross receipts tax applies only to business being conducted in the state of New Mexico.				16. Total Trip Expenses	\$
New Mexico Gross Receipts ID Number _____ **				17. Gross Receipts Tax **	\$
(**Must provide ID number to receive reimbursement of tax. Rate is 6.0625%)				18. Less Advances	\$
				19. Estimated Due Traveler	\$

**Affiliate Travel Expense Worksheet**  
**Page 2**

20. Information for Split Coding (if needed)

Cost Center	Program Code	Cost Account	Work Package	Percentage	Dollar Amount
Total (Equal to Total Due Traveler from Page 1)					

21. Details

22. Check Disbursement Details ( Required )

Call \_\_\_\_\_ at phone # \_\_\_\_\_ for check pick-up.

Send to mail stop \_\_\_\_\_

Mail to the following address:

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.

Travelers Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

Line-Manager Approval Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

BUS-1 , Visitor Payments MS P234  
P.O. Box 1663  
Los Alamos, NM 87545

## INSTRUCTIONS FOR AFFILIATE TRAVEL WORKSHEET 1127-A

<u>Employee Information</u>	Fill in all requested information. If split coding is required, enter codes in section 20 on page 2.
<u>1 - Itinerary</u>	A detailed travel itinerary is required for all travel reimbursement. You must record the date of the departure from and arrival at your official duty station any other place where travel begins or ends. You must also show this same information for each business points or for a stopover or official rest stop location when the arrival/ departure affects your per diem allowance or other travel expenses.
<u>2 - Official Business</u>	Indicate dates official business was conducted at each business point. Indicate city in which business was conducted. <b>Exclude all travel time enroute.</b>
<u>3 - Airfare</u>	Indicate airline companies used, cities of departure, and cities of arrival.
<u>4 - Gasoline</u>	Indicate total official gasoline charges, excluding amount from rental car receipts.
<u>5 - Local Transportation</u>	Indicate total official local transportation charges, include taxis, metros, subways, tolls, etc.
<u>6 - Parking</u>	Indicate total official parking charges, exclude personal time.
<u>7 - Private Auto</u>	Indicate the city you left from and the city you drove to and the total miles driven. Total equals total miles times \$.325 mileage rate.
<u>8 - Rental Car</u>	For each rental, 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; ie. Total = rate + tax + gasoline.
<u>9 - Meals and Incidental Expenses</u>	Use link to rate table to determine maximum for meals and lodging location. Note that date of departure and return are reimbursed at 75% of this rate.
<u>10 - Lodging</u>	For each hotel, indicate state and city. Indicate total number of official nights and the total lodging cost up to the maximum federal rate. See link to rate table.
<u>11 - Official Phone</u>	Indicate total official phone charges.
<u>12 - ATM Fees</u>	Indicate total ATM fees.
<u>13 - Lodging with Friends or Relatives</u>	Indicate additional costs your host incurred in accommodating you only if you are able to substantiate the cost difference.
<u>14 - Registration Fee</u>	Indicate whether registration fee is Lab issued and total registration fee amount.
<u>15 - Other</u>	Indicate total miscellaneous charges. If any single expenditure is over \$75, a receipt is required. Details are required for all amounts.
<u>16 - Total Expenses</u>	Add all expenses from the right-hand column
<u>17 - Gross Receipts Tax</u>	If gross receipts tax is to be claimed, multiply total trip expenses times 6.0625% to arrive at the tax amount. To receive gross receipts tax, <b>you must provide an ID number.</b>
<u>18 - Less Advances</u>	Indicate all LANL advances, such as airline tickets, registration fees, and vendor payments.
<u>19 - Estimated Due Traveler</u>	Deduct advances from total expenses to arrive at estimated due traveler.
<u>20 - Split Code Info</u>	If split coding is required, indicate codes and dollar or percentage amount.
<u>21 - Details</u>	Indicate any details that should be recorded with this trip.
<u>22 - Check Disbursement</u>	Indicate where your reimbursement check is to be sent or if someone is to be called for pick-up.

**Questions:** If you have any questions, please call the Affiliate Travel Office at 667-4138.

**Send To:** Attach **itemized** receipts, sign where indicated, and mail to: Affiliate Travel , MS P234 .