

Guest Travel Expense Worksheet

Return to LANL Host Organization/Group Office
for approval signature and review

Name (Last, First, Middle)		Home Address (P.O. Box, Street, City, State, Zip, Country)		
Z Number				
Group Contact Name and Email for Questions		Group	Phone	Mail Stop
Org. Code	Project Code	Cost Acct./Work Pkg.	Percentage	Dollar Amount
Total				\$

1. Itinerary (Include travel time en route)

Departure City, State	Date of Departure	Time of Departure	Arrival City, State	Date of Arrival	Time of Arrival

2. Official Business Points and Purpose (Do not include travel time)

Were personal days included in this trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note in Section #15, Details		
Official City:	Start Date:	End Date:
Business Purpose:		
Official City:	Start Date:	End Date:
Business Purpose:		

3. 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			\$

4. Gasoline

	\$
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5. Local Transportation

	\$
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6. Parking

	\$
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7. Private Auto

From:	To:	Total Miles:	x current rate	\$
From:	To:	Total Miles:	x current rate	\$

8. Rental Car

State:	City:	Company:	Number of Days:	\$
State:	City:	Company:	Number of Days:	\$

9. Meal and Incidentals. Based on maximum allowable rate for the business location. Look at [current rate tables](#) for item 9 and 10.

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

10. Lodging—If the FTR GSA rate is exceeded, justification is required. Enter the justification in Section 15.

State:	City:	Number of Nights:	\$
State:	City:	Number of Nights:	\$
State:	City:	Number of Nights:	\$

11. Official Phone/Fax

	\$
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12. Registration Fee: LANL Issued? ☐ Yes ☐ No Were meals provided with registration? ☐ Yes ☐ No

	\$
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13. Other – Details Required (enter details in Section 15 on page 2)

	\$
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14. Total Trip Expenses

	\$
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15. Details/Additional Information

16. For Student Guests, Faculty Mentor Guests, and Faculty Guests Only

To be eligible for travel expenses the following 3 statements must apply:

- I am maintaining a residence more than 50 miles from the business location.
- I will not reside in a home owned or leased by a family member.
- I will incur costs for temporary housing during the Guest Agreement.

Traveler's Signature Certification (*required*): _____ Z Number: _____ Date: _____

17. Check Disbursement Details (*required*)

☐ Send to mail stop: _____

☐ Direct Deposit – Please see “note” on page 3
Is Direct Deposit set up? ☐ Yes ☐ No

☐ Mail to the following address below:

Note: if foreign address, phone number is required.

Note: If you traveled to a location other than Los Alamos an “*Is My Event a Conference*” form needs to be submitted with Form 1127-A. Please contact your host for further information.

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.

If lodging is other than commercial lodging (a hotel or motel) a signed lease is required. Please attach copy to Form 1127-A.

Traveler's Signature (*required*): _____ Z Number: _____ Date: _____
Return to host organization for approval and review.

I approve expenses as submitted:

Line Manager Signature (*required*): _____ Z Number: _____ Date: _____

Management notes:

Instructions for Guest Travel Worksheet 1127-A

- Host Group Fill in all requested information completely. If split coding is required, include all codes and percent or dollar amount information. **Note:** Only one Org. Code will be accepted.
- For home address do not list the Los Alamos address if this expense is for temporary lodging in Los Alamos. Please indicate permanent home address.
1. Itinerary A detailed travel itinerary is required for all travel reimbursement. Indicate city, date, and time of each departure and arrival location.
 2. Official Business and Purpose Indicate purpose and dates official business was conducted at each business point. Indicate city in which business was conducted. **Exclude all travel time en route.** If traveling to a location other than Los Alamos an "Is My Event a Conference" form must be attached to Form 1127-A.
 3. Airfare Indicate airline companies used, cities of departure, and cities of arrival.
 4. Gasoline Indicate total official gasoline charges, excluding amount from rental car receipts. Gasoline expenses are not reimbursed for private auto expense.
 5. Local Transportation Indicate total official local transportation charges, including taxis, metros, subways, tolls, etc.
 6. Parking Indicate total official parking charges, excluding personal time.
 7. Private Auto Indicate the departure and arrival cities and the total miles driven. Total equals official miles multiplied by current mileage rate.
 8. Rental Car 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, i.e., Total = rate + tax + gasoline. Rental car insurance, FF surcharge fees, upgrades, and GPS fees are not reimbursable.
 9. Meal and Incidental Expenses Look at current rate tables to determine maximum for meals and lodging location. Note that date of departure and return are reimbursed at 75% of this rate.
 10. Lodging For each hotel, indicate the country or state and city. Indicate total number of official nights and the total lodging cost to be reimbursed. Justification from line management for hotel rates over the federal rate is required for reimbursement.
 11. Official Phone Indicate total official phone charges.
 12. Registration Fee Indicate whether registration fee was LANL issued or paid out of pocket and total registration fee amount.
 13. Other Indicate total miscellaneous charges. If any single expenditure is over \$75, a receipt is required. Details are required for all amounts.
 14. Total Expenses Total of expenses from the right-hand column.
 15. Details Indicate any details that should be recorded with this trip.
 16. Student Guests, Faculty Mentor Guests and Faculty Guests Only Please read and sign for verification.
 17. Check Disbursement If you would like your reimbursement check sent to an address other than your mail stop, indicate in space provided. The Host Group Office will then forward the completed and approved form and all receipts to affiliates@lanl.gov or MS P234.
- Questions:** If you have any questions regarding your reimbursement, please call the Guest Travel Office at 667-4138.
- Send To:** Attach **itemized** receipts, sign where indicated, and mail to your Host Group Office for final review and approval. The Host Group Office will then forward the completed and approved form and all receipts to: affiliates@lanl.gov, or MS P234.

Note: Direct deposit can be requested for Guests with multiple reimbursements such as monthly travel payments. Deposits can only be made to US bank accounts.