



DOE REQUIRED INFORMATION ON CONFERENCE/ WORKSHOP TRAVEL

Project Number: _____ Task Number: _____ Travel Code: _____
 Traveler's Name: _____
 Conference Sponsor and Co-sponsor: _____
 Conference Title: _____
 Purpose/Objective (please circle one): Astrophysics and Cosmology, Engineering, High Energy Physics,
 Instrumentation, Mathematics and Computers
 Conference Dates: _____ Location (City, State): _____

ESTIMATE COST OF PROPOSED TRIP

The following information must be provided before obtaining approval

Air Fare \$ _____
 Limo \$ _____
 Car Rental \$ _____ Supervisor Approval _____ Division Approval _____
 Private Auto # of miles _____ @ .360/mile = \$ _____
 Per Diem # of days _____ x \$ _____ / day = \$ _____
 Lodging # of days _____ x \$ _____ / day = \$ _____
 Registration \$ _____ Meals Included: Breakfast _____ Lunch: _____ Dinner: _____

Total Estimate Cost of Trip \$ _____

** Completed travel vouchers are due 10 days after your return**

Traveler's Signature: _____ Date: _____

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This section is for hotel approval only if the cost is over the allowed rate

Request approval for lodging at a rate of \$ _____. This is _____% of the allowable maximum rate.

Justification: _____

Traveler's Signature: _____ Date: _____

Division Head Approval: _____ Date: _____ (Approve over 100%)

Directorate Approval: _____ Date: _____ (Approve over 150%)

OMEGA WORLD TRAVEL

Traveler: _____ ID# _____ Phone Extension: _____

Date: _____ From: _____ To: _____ Time: _____

Date: _____ From: _____ To: _____ Time: _____

Date: _____ From: _____ To: _____ Time: _____

Preferred Hotel: _____

Address: _____

Special Request: _____

Traveling With: _____ Other Details: _____

Rental Car: Yes _____ No _____ Smoking: Yes _____ No _____

Travel office will reserve/guarantee a hotel room, but the credit card they use is to hold the room only. Please do not place any charges on the card.

A confirmation will be sent to you:

Phone Call: _____ Fax: _____ Email: _____