

Travel Expense Report for No-Fee Consultants

Instructions: Please complete this form and return it to Lisa Bastille, MS-17 for ITAMP related travel or Teri Hamelin, MS-50, for other AMP related travel. Please submit travel expense report within three business days of travel. Staples all original receipts to this form for airline, hotel, car rental, registration, etc. Receipts are required for all business expenses greater than \$75.00. Expenses in foreign currency must be converted to US dollars. Include expense to be reimbursed by SAO. This form is to be used for single trip travel only. Airfare will be reimbursed for travel under U.S. Carriers only, (per U.S. Government Regulations).

Complete Shaded areas only

<b>Date form Completed:</b> _____	Comments:				
<b>Personal Information</b>					
Last Name	First Name:		Trip#		
Address where reimbursement check is to be sent:					
Institution (If Applicable)					
Street 1					
Street 2					
City					
State					
Country					
Zip Code					
Daytime Telephone #					
<b>Dates of Travel</b>					
Departure Date		Arrival Date		Return Date	
Point of Origin (City, State, Country)		Point of Embarkment		Cambridge, MA. U.S.A.	
<b>Per diems Rates Applicable</b>					
<b>Locality</b>	<b>Seasons</b>	<b>Max Lodging</b>	<b>Meals</b>	<b>Incidentals</b>	<b>Total</b>
CAMBRIDGE, MA	04/01-10/31	\$ 165	\$ 64		
CAMBRIDGE, MA	11/01-03/31	\$ 127	\$ 64		
<b>Transportation:</b>					
Airfare: (U.S. carriers only)	\$ -				
Train fare	\$ -				
Rental Car	\$ -		per day	Number of days	
Personall owned vehicle	\$ -	\$ 0.375	per mile	Number of miles	
<b>Subtotal Transportaion</b>	\$ -				
<b>Per diem Expenses:</b>					
Lodging(excluding taxes)	\$ -	\$ 165.00	per night	Number of nights	
Maximum Per diem meals	\$ -	\$ 64.00	per day	Number of days	
<b>Subtotal Lodging &amp; Meals</b>	\$ -				
<b>Other Allowable Business Expenses</b>					
Item	Cost	Dates	Comments		
Taxi					
Phone calls					
Parking					
Lodging Taxes					
Other Business Expenses (please indicate)					
<b>Subtotal Other Business Expenses</b>	\$ -				
<b>Total Claimed Expenses for Reimbursement</b>	\$ -				

I have requested reimbursement for as a No-Fee consultant not to exceed the limit offered me per my appointment letter and in accordance with SAO travel policy. All items of reimbursement are within the guideline of the OMB regulations as being allowable, reasonable and allocable.

I agree to cash the reimbursement check with 30 days of receipt. I understand that the check will not be valid after six months.

Signed \_\_\_\_\_

Date \_\_\_\_\_