



# SUBCONTRACT REQUEST FOR TRAVEL PRE-APPROVAL

All travel must be authorized and approved by the appropriate Subcontract Technical Representative and Procurement Representative. Travel should always be in the best interest of the Company and the Government. There must be a legitimate, documented business purpose for authorization of travel expenses. All foreign travel requests must be approved in advance by the DOE through its Foreign Travel Management System (FTMS) and approved below by the Foreign Travel Office. Please reference UCN-22427, *Subcontractor Travel Policy*.

## TRAVEL TYPE AND TRAVEL INFORMATION:

SUBCONTRACTOR NAME: \_\_\_\_\_ SUBCONTRACT NUMBER: \_\_\_\_\_

SUBCONTRACTOR EMPLOYEE NAME: \_\_\_\_\_ SUBCONTRACTOR EMPLOYEE BADGE NUMBER: \_\_\_\_\_

PURPOSE OF TRAVEL: *(If attending a conference, conference number name required, write conference website address, if available)*

OTHER SUBCONTRACT EMPLOYEES ATTENDING *(If YES, please include the names)*

YES  NO

OTHER CNS EMPLOYEES ATTENDING? *(If YES, please include the names)*

YES  NO

DESTINATION: \_\_\_\_\_

DOMESTIC TRAVEL:  YES  NO FOREIGN TRAVEL *(Requires Pre-Approval through Foreign Travel Management System (FTMS))*:  YES  NO

### Request Travel Expenses

Airfare	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Taxi/Parking/Miscellaneous	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Personal Vehicle Mileage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rental Car	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lodging	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Meals & Incidental Expenses	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Registration Fee(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## FINANCIAL INFORMATION

Estimated Travel Costs: \$ \_\_\_\_\_

Additional Information / Comments: \_\_\_\_\_

## APPROVALS

Subcontract Technical Representative \_\_\_\_\_ Date: \_\_\_\_\_

Procurement Representative \_\_\_\_\_ Date: \_\_\_\_\_

Foreign Travel Office *(As Applicable)* \_\_\_\_\_ Date: \_\_\_\_\_