|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SSAI logo - icon blue wmfTravel Request | | | | | | | | | | | | | | | | | | |
| Name: | | | Employee No.:  Consultant | | | | | Telephone Extension: | | | | Fax Number: | | | | | Date of Request: | |
| Work Location (Building/Room): | | | | | | | | Home Telephone: | | | | E-Mail Address: | | | | | | |
| Contract Name: STARSS-II Contract#: NNL11AA00B | | | | | | | Charge Code:  21101.CL3.CYM.J006 | | | | | | | Work Activity/Task Order/SWR Number: J-006 | | | | |
| Justification for Trip ***(attach additional page, if necessary)***: | | | | | | | | | | | | | | | | | | |
| Accompanying Personnel and Organization: | | | | | | | | | | | | | | | | | | |
| TRAVEL ITINERARY | | | | | | | | | | | | | | | | | | |
| Travel From  (City & State) | Travel To  (Arriving Airport) | Final Destination Where Work is to be Performed  (City & State) | | | | | | | Date | | Approximate Departure Time | | Local Area Airport Preference | | | | | |
| Specify | | | | | |
|  |  |  | | | | | | |  | |  | | National (DCA)  BWI (BWI)  Dulles (IAD) | | | | | NNWIA (PHF)  Norfolk (ORF)  Richmond (RIC) |
|  |  |  | | | | | | |  | |  | |
| Number of Vacation Days While on Travel: | | | | | | | | | Vacation Days: | | | | | | | | | |
| *(Vacation days are not to exceed the length of the trip or 5 days, whichever is less)* | | | | | | | | | | | | | | | | | | |
| TRIP REQUIREMENTS | | | | | | | | | | | | | | | | | | |
| Traveler should contact Ramsay Scarlett Travel (800) 222-4988 or  CI Travel (Susan Ruiz) (888) 461-0022 extension 816 to make airline, hotel and car reservations. SSAI will purchase airline tickets, provided this approved request has been received by the SSAI Travel Coordinator.  I will use my personal automobile  I will rent an automobile | | | | | | Estimated Cost: : $ | | | | | | | | | | | | |
| Cash Travel Advance: Yes  No  Amount $    Registration/Conference Fee Advance $    **Total Advance Amount $** | | | | | | | | | | | | |
| Hotel Reservations Required: Yes  No | | | | | | | | | | Reservations To Be Made By: Traveler  SSAI | | | | | | | | |
| Nights(s) of: | | | | | | | | | | City: | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |
| Any Special or Specific Preference: | | | | | | | | | | | | | | | | | | |
| Airline(s): | | | | Hotel Accommodations: | | | | | | | | | | | | Other: | | |
| TRIP APPROVALS | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Traveler’s Signature Date | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Contract or Program Manager Concurrence Date | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Customer Concurrence (i.e. ATR or TM) (if applicable) Date | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  COTR Concurrence (if applicable) Date | | | | | | | | |
| FOR ACCOUNTING DEPARTMENT USE ONLY | | | | | | | | | | | | | | | | | | |
| Maximum Per Diem Rate: | | | | |  | | Method of Air Travel/Airfare:        /  Cash Advance Furnished: $  Amount: $ | | | | | | | | Date Submitted to Accounting:    Date Ticket(s) Purchased: | | | |
| Lodging\* \_     \_ x \_     \_ | | | | | = | |
| M&IE \_     \_ x \_     \_ +       x | | | | |  | |
| Total | | | | | = | |
| = | |
| *\* Per diem rates exclude taxes only on CONUS travel* | | | | | | |
| Science Systems and Applications, Inc. Form 02ACCT-3/09 | | | | | | | | | | | | | | | | | | |