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| 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 orCI 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 |