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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SSAI logo - icon blue wmfTravel Request | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | Employee #: | | | | | | | Work Phone #: | | | | | | | Date of Request: | | | | |
| Work Location (Bldg. /Rm.): | | | | | | Home Phone: | | | | | | | E-Mail : | | | | | | |
| Contract Name: | | | | | | | | | | Charge # (from your timesheet): | | | | | | | | | | | | | | |
| **Comprehensive Justification for Trip** *(attach additional page, if necessary)*: | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying Personnel and Organization: | | | | | | | | | | | | | | | | | | | | | | | | |
| TRAVEL ITINERARY | | | | | | | | | | | | | | | | | | | | | | | | |
| Travel From  (City & State) | | Travel To  (Arriving Airport) | | | | | | | Final Work Destination  (City & State) | | | | | | | | Travel  Date | | | | | # of Nights at this Location | | |
|  | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
|  | |  | | | | | | |  | | | | | | | |  | | | | |  | | |
| Number of Vacation Days while on Travel:       *(Vacation days not to exceed length of trip or 5 days, whichever is fewer)* | | | | | | | | | | | | | | | | | | | | | | | | |
| TRIP REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | |
| Traveler should make airline, hotel, and car reservations through CONCUR online, <https://www.concursolutions.com/default.asp> or contact CI Azumano Travel (Nardy Tello) (888) 461-0022, ext. 3818 or [ntello@ciazumano.com](mailto:ntello@ciazumano.com) . SSAI will purchase your airline ticket, provided this approved request has been received by your SSAI Travel Coordinator. | | | | | | | | | | | | | | | | | | | | | | | | |
| Foreign Travel?  Counter Intelligence (CI) Briefing required | | | | | | | | | | | Conference Registration Fee? Yes  No | | | | | | | | | | $ | | | |
| Taking Laptop, (any IT equip.) on Foreign Trip? Yes  No  If yes, additional approvals are needed. | | | | | | | | | | | Estimated Cost: (air, hotel, per diem, conference fee, transportation, etc.) | | | | | | | | | | $ | | | |
| Field Work:  Conference, Meeting, etc.: | | | | | | | | | | | Requesting Cash Travel Advance: Yes  No | | | | | | | | | | $ | | | |
| Registering in NCTS? Yes  No  If yes, e-mail your NCTS Registration Confirmation to your Travel Coordinator. (NASA only) | | | | | | | | | | | Airline Reservation: Yes  No | | | | | | | Hotel Reservation: Yes  No | | | | | | |
| Emergency Contact Information Updated In DELTEK: Yes | | | | | | | | | | | Rental Vehicle  Personal Vehicle  Other  None | | | | | | | | | | | | | |
| TRIP APPROVALS | | | | | | | | | | | | | | | | | | | | | | | | |
| Traveler’s Signature | | | Date | | | | Group Lead / Supervisor | | | | | | | Date | | Contract or Program Manager Concurrence | | | | | | | | Date |
| Customer Concurrence (i.e., ATR or TM) if applicable | | | Date | | | | COR Concurrence (if applicable) | | | | | | | Date | | Travel Coordinator Receipt | | | | | | | | Date |
| Estimated Travel Costs | | | | | | | | | | | | FOR TRAVEL COORDINATOR USE ONLY | | | | | | | | | | | | |
| Type | Amount | | | # of Days | | | | Total | | | | NCTS Registration Date: | | | | | | |  | | | |  | |
| Airfare/Train |  | | |  | | | |  | | | | NCTS Approval Date: | | | | | | |  | | | |  | |
| Lodging |  | | |  | | | |  | | | | CO / R Approval Date Sent: | | | | | | |  | | | |  | |
| M&IE |  | | |  | | | |  | | | | CO / R Approval Date Received: | | | | | | |  | | | |  | |
| Conference Fee |  | | |  | | | |  | | | | IT Equipment Approval for FN Travel: | | | | | | | In Process | | | | Complete | |
| Automobile Rental |  | | |  | | | |  | | | | Counter-Intelligence (CI) Briefing: | | | | | | | In Process | | | | Complete | |
|  |  | | | Total $ | | | |  | | | |  | | | | | | |  | | | |  | |
| FOR ACCOUNTING USE ONLY | | | | | | | | | | | |  | | | Logged on Spreadsheet | | | | | | | |  | |
| Date Submitted to Acct.: | | | | |  | | |  | | | |  | | | Date Airline Ticket Approved | | | | | | | |  | |
| Cash Advance Amount: | | | | | $ | | |  | | | |  | | | Date Advance to Acct. | | | | | | | |  | |
| Date Cash Advance Furnished: | | | | |  | | |  | | | |  | | | Post-Trip Report & Deltek TAB | | | | | | | |  | |
| Science Systems and Applications, Inc. Form 02ACCT-08/2016 | | | | | | | | | | | | | | | | | | | | | | | | |