

UCI

Protect this form as sensitive when information is entered.

SF-4601-C (8-2004) Supersedes (6-2004) issue

NONEMPLOYEE'S EXPENSE VOUCHER

Sandia National Laboratories

When completing electronically, click on each field to be filled in.

SEND TO SDR PER CONTRACT PRIOR TO A/P SUBMITTAL.

1. Legal Name (First Name, M.I., Last Name)	Soc. Sec. No. or Employer ID No.	Phone Number
Tax Reporting Name and Identification Number (per W-9 form)		
Remit to Address		PAY METHOD <input type="checkbox"/> Electronic... (Please complete form SF 9424-EFT) <input type="checkbox"/> Check <input type="checkbox"/> Wire
Name of Principal Sandia Contact	Soc. Sec. No.	Org. MS Phone No.

2. For expenses from _____ thru _____

3. Employment Interview (Attach Invitation Letter) Contract No. _____ No Fee Service Agreement (Please complete and attach form SF 9521-NFA)

Hourly Fee Negotiated _____

4. Supplemental Voucher

5. DATES									TOTALS
6. TRAVEL	from								Total Hrs.
	to								
7. TRAVEL TIME									
8. HOURS WORKED									
9. TOTAL HOURS									
10. TOTAL AMOUNT OF PAYMENT FOR TIME WORKED									A

TRANSPORTATION EXPENSES									
*11. CARRIER FARE									
*12. RENTAL CAR									
*13. RENTAL CAR GAS									
*14. PARKING									
*15. TAXI/SHUTTLE/BUS									
*16. TOLLS									
17. OTHER TRANSPORT									
18. PERS. CAR MILES/COST*									
19. TOTAL (11...18)									B

LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax)									
*20. LODGING									
*21. BREAKFAST									
*22. LUNCH									
*23. DINNER									
24. TIPS									
25. OTHER INCIDENTALS									
26. TOTAL (20...25)									
27. PER DIEM									
28. LESSER OF 26 or 27									C

OTHER BUSINESS EXPENSES									
*29. LODGING TAX									
*30.									
31. TOTAL (29...30)									D

32. *EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES	ANALYSIS OF BALANCE
	E. Net Nonemployee Expense (A+B+C+D)
	F. Less Funds Advance/Tickets
	G. Nonemployee Expense to be Reimbursed (E - F)

33. PAY METHOD/DATE