

CONTRACT ASSOCIATE TRAVEL AND BUSINESS EXPENSE INVOICE

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

1. Social Security No.	Contract Associate's Name	Org. No/MS	Phone No.	Mo/Day/Yr
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2. Supplier Name _____ P.O. Number _____

3. For expenses from _____ thru _____ Total trip days _____ Personal days _____
 Note: Total of personal & business days should equal total travel days

4. Business Purpose _____

5. Supplemental Invoice (Attach a copy of the original Travel Invoice and any other supplements.)

6. DATES										TOTALS
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7. TRAVEL DESTINATION(S)	from	to								
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TRANSPORTATION EXPENSES

8. RENTAL CAR										
9. RENTAL CAR GAS										
10. PARKING										
11. TAXI/SHUTTLE/BUS/TOLLS										
12. AIR FARE										
13. OTHER TRANSPORT ▲										
14. PERS. CAR MILES/COST ▲										
15. TOTAL (8...14)										A

LODGING, MEALS, AND INCIDENTAL EXPENSES (Do not include Lodging Tax)

16. LODGING up to 150% (Note 1)										
17. BREAKFAST										
18. LUNCH										
19. DINNER										
20. TIPS										
21. OTHER INCIDENTALS ▲										
22. TOTAL (16...21)										
23. PER DIEM										
24. LESSER OF 22 or 23										B

OTHER BUSINESS EXPENSES

25. SAFE ARRIVAL CALL (Note 2)										
26. TUITION/CONF. REGIS.										
27. LODGING TAX										
28. MISCELLANEOUS ▲										
29. TOTAL (25...28)										C

30. ▲ EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES	ANALYSIS OF BALANCE	
	D. Total Expense (A + B + C)	
	E. Plus Handling Fee	
	(Only applies to original Travel Invoice)	
	F. Invoice Amount to be Reimbursed (D + E)	

31.	COST DISTRIBUTION				
	AMOUNT	PROJ.	TASK	TRANS TYPE	ORG.

Authorized representative of the above-named supplier designated to file this claim for payment of travel expenses incurred on behalf of Sandia National Laboratories in accordance with the above-referenced expenses.