

TRAVEL MANUAL

August 9, 2001

ATTACHMENT C-6

September 20, 2002

<traveler's name>

<mailing address>

Dear <Dr., Mr., Ms., Last Name>:

It is my pleasure to confirm your travel authorization under the terms of the <program name>. **Any exceptions or variations to this letter authorization must be approved by the Oak Ridge Institute for Science and Education (ORISE) or Oak Ridge Associated Universities (ORAU) prior to the start of official business. In the absence of any prior approval or documentation, ORISE's or ORAU's interpretation of the appropriate cost allocation will be applied.**

Inclusive dates: <dates of travel>
Travel from/to: <city of departure>/<city of travel>
Return to: <city of return>
Mode of travel: <airplane, rental car, etc.>
Purpose: <purpose of travel>

Reimbursement for travel expenses will be limited to the ORISE Travel Policy; this policy is summarized on the enclosed Travel Reimbursement Guidelines. Reimbursement of expenses is made provided that such payment does not represent dual compensation from any other source. Transportation expenses for travel actually performed will be paid; travel by private automobile will be reimbursed at the rate of 40.5 cents per mile, and travel by air will be reimbursed at the cost of lowest available commercial airfare. Lodging reimbursement will be limited to \$___ per night (includes tax) in <city of travel>. Per diem for meals and incidental expenses will be \$___ and will be based on three-quarters day per diem for the first and last day of travel, regardless of the beginning and ending times of travel, and a full-day of per diem being reimbursed for all other business days of travel.

A Travel Expense Statement (TES) is enclosed; it should be completed and returned with the appropriate receipts. Please note the expenses which can be reimbursed without receipts and those which require receipts. **All receipts must be itemized originals; credit card receipts are not accepted as proof of valid expenses.** The TES should be submitted for payment within five days of the completion of your travel. Reimbursement for expenses will take approximately four weeks after receipt of a correctly completed and documented form.

Please call <travel contact's name>, Program Specialist, or me at <travel contact's phone #> if we can be of assistance.

Sincerely,

<Approver>

<Approver's Title>

LM:da

Enclosures

cc: <program coordinator/mentor>
Travel Accounting