

CENTER FOR X-RAY OPTICS
MATERIALS SCIENCES DIVISION

TRAVELER PAYROLL AND COST ESTIMATE SHEET

Traveler Name: _____ Employee ID#: _____
Payroll Account Number: _____ Account Number: _____
Check One: _____ I am on LBL payroll _____ I am not on LBL payroll
NSF Travel: Yes/No

I will be traveling on funds appropriated for travel in the account indicated on the accompanying Request and Authorization for Travel form. My signature below verifies that my LBL timecard will reflect the same account number for this period that I am on travel status.

Leaving From: _____ Contact Person (if appl.): _____
Destination: _____ Facility: _____
Dates & Times: Lv. _____ Rtn. _____
Purpose and benefit to LBNL/CXRO: _____

Personal Days: _____

SPECIAL INSTRUCTIONS: _____

Amount of expenses paid by others: _____

ESTIMATES:

1. Approx. Private Auto Miles: _____
2. Air Fare: _____
3. Registration: Yes__ No__ Amount: _____
4. Ground Transportation: _____
5. Lodging: Yes__ No__ Cost per Night: _____
(Conference hotel: Yes__ No__)
6. Car Rental: Yes__ No__ Total Cost: _____
7. Parking: _____
8. Daily Expense Allowance (M&IE): _____
9. Other: _____ Cost: _____

TOTAL ESTIMATED TRIP EXPENSES \$ _____

SIGNATURES

Traveler: _____ Date: _____

Supervisor: _____ Date: _____

Director, CXRO: _____ Date: _____