Travel Order Form
Laboratory of Cell Biology

Building 37, Room 2108, Fax: 301-402-0450, Phone: 301-496-1530

Lead times needed for submission:

Domestic: 30 days Foreign: 45 days

Domestic sponsored (348): 45 days Foreign sponsored (348): 60 days

1. Date 2. Name

3. Home address

4. Work information

Building/Room Phone number CAN

5. Destination/purpose/conference name

6. Title of speech/poster

7. Date of departure 8. Date of return

9. Registration fee

Is one required? ☐ Yes ☐ No If yes: Amount $ Due date

Have you already paid it? ☐ Yes ☐ No If yes, did you pay with personal funds? ☐ Yes ☐ No

Meals included with registration? ☐ Yes ☐ No Dates: From to

Hotel included? ☐ Yes ☐ No Dates: From to

10. Government travel credit card: Are you using yours for a ticket? ☐ Yes ☐ No

11. Transportation details

Main mode of transportation: ☐ Plane ☐ Train ☐ Bus ☐ Private vehicle ☐ Government car (GSA)

Limo/taxi/subway to/from airport/station Estimated cost $

Driving privately owned vehicle to airport/station Estimated total miles Estimated parking fees $

Additional transportation at destination Type Estimated cost $

Car rental Estimated cost $

If renting a car, provide a short justification for why a rental car is necessary as opposed to taxis or other modes of transportaion:

To request a request a government owned vehicle, obtain a Motor Vehicle Trip Ticket form (NIH1382-2) from our office, request the Adminstrative Officer's signature, and call the NIH fleet at 301-496-3426

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12. Itinerary (Time from home/office to final destination and return)

Departure date		Time		☐ am	☐ pm	City	
Arrival date		Time		☐ am	☐ pm	City	
Departure date		Time		☐ am	☐ pm	City	
Arrival date		Time		☐ am	☐ pm	City	

13. Hotel information

Hotel name _____ Cost per night $ _____

Hotel address _____

14. Request for special per-diem rates: To request increased AEA (Actual Expense Allowance) for special circumstances, please provide a justification:

15. Annual or personal leave

Do you need to take leave while on travel? ☐ Yes ☐ No Dates: From _____ to _____

16. Advance of funds

Advance requested? ☐ Yes ☐ No (If your advance is greater than your actual trip expenses, you will need to repay the difference)

17. Sponsored travel

Is this travel sponsored by an outside agency? ☐ Yes ☐ No

Will the sponsor reimburse NIH? ☐ Yes ☐ No

OR: Will the sponsor arrange all or part of the payment directly ("in kind")? ☐ Yes ☐ No

For sponsored travel, attach a letter of invitation from the sponsor that:

- States, "No U.S. federal funds will be used for the cost of this sponsored travel"
- Itemizes the expenses that the sponsor will cover (for example, airline ticket, hotel, meals)

18. Omega Travel

To request a reservation for a flight, train or rental car, contact Omega Travel:
Email: nihmd@owt.net Fax: 1-866-657-0070 Phone: 1-800-419-2312 Emergency phone: 1-866-651-0076
(Omega will email or fax your itinerary to you. Then, submit the itinerary, with this travel order form, to Consuelo Holguin in 37/2108)

If you made reservations through Omega, how did you do it? ☐ Email/fax ☐ Phone

Section chief approval _____ Date _____