

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		CAN	
Building/Room	Phone number		

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 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.

LCB Travel Order Form

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 _____