



SUBCONTRACT REQUEST FOR TRAVEL PRE-APPROVAL

All travel must be authorized and approved by the appropriate Subcontract Technical Representative, Business Analyst, Division/Department Manager and Procurement Representative. Travel should always be in the best interest of Consolidated Nuclear Security, LLC (CNS), and the Government. There must be a legitimate, documented business purpose for authorization of travel expenses. Please reference UCN-22427 for Travel Reimbursement Policy.

TRAVEL TYPE AND TRAVEL INFORMATION:

SUPPLIER NAME:

SUBCONTRACT NUMBER:

SUB EMPLOYEE NAME:

SUB EMPLOYEE NUMBER:

PURPOSE OF TRIP: *(If attending a conference, conference number name required, write conference website address, if available)*

OTHER SUBCONTRACT EMPLOYEES ATTENDING *(If YES, please include the names)*

YES NO

OTHER CNS EMPLOYEES ATTENDING? *(If YES, please include the names)*

YES NO

DESTINATION:

DOMESTIC DESTINATION: YES NO

FOREIGN DESTINATION: YES NO

Request Travel Expenses

AirFare YES NO

Taxi/Parking/Miscellaneous YES NO

Personal Vehicle Mileage YES NO

Rental Car YES NO

Lodging YES NO

Meals & Incidental Expenses YES NO

Registration Fee(s) YES NO

Departure Date:

Return Date:

FINANCIAL INFORMATION

Estimated Travel Costs: \$ _____

Additional Information / Comments:

APPROVALS

Subcontract Technical Representative: _____ Date: _____

Business Analyst: _____ Date: _____

Division/Department Manager: _____ Date: _____

Procurement Representative: _____ Date: _____