

UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH
 JOINT OFFICE FOR SCIENCE SUPPORT
 P. O. Box 3000, Boulder, Colorado 80307-3000

Travel Authorization No.:

TRAVEL VOUCHER

Employee ID No.:

Date: _____
 Questions regarding this trip should be referred to: _____

Date Received in Travel Office: _____

Visitor ID No.:

Name of Traveler: _____ Telephone: _____ Home Institution: _____
 Address: _____
 Period Covered
Meeting Dates: Began: _____
 Ended: _____

Purpose of Trip:	Participant cost? <input type="checkbox"/> Y <input type="checkbox"/> N	Reimbursement Claimed		*Charges to Corporation (Including Tickets)	
		Domestic	Foreign	Domestic	Foreign
Itinerary: Listed Hazardous Country? <input type="checkbox"/> Y <input type="checkbox"/> N					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
Private Auto: _____ miles @ 0.550 per mile (IRS standard rate) Total:		\$0.00	\$0.00		
PerDiem: _____ days @ \$ _____ per day. _____ City					
Domestic _____ days @ \$ _____ per day. _____ City					
_____ days @ \$ _____ per day. _____ City					
PerDiem: _____ days @ \$ _____ per day. _____ City					
Foreign _____ days @ \$ _____ per day. _____ City					
Notes: _____ Total:					
**Lodging (Room and Tax only): _____ Total:					
**Miscellaneous Expenses (Taxi, Bus, Parking, etc.): _____ Total:					
**Rental Car: _____ Total:					
**Other (Registration Fees, Honorarium, etc.): _____ Total:					

Certified Correct: X _____ Traveler's Signature Account Key: _____ Approved for Charge By: _____ Date: _____ By: _____ Date: _____	Total Expenses: (Domestic and Foreign)	A	\$0.00	B
	**Personal Expenses Charged to Corporation:	C		
	Cash Advance:	D		
	Due Traveler:	A-C>D	\$0.00	
	Due Corporation:	A-C<D	\$0.00	
	**Amount to be reimbursed by another organization:	E		

Check if househunting / relocation. Total Cost of Trip to Corporation: **A+B-C-E** **\$0.00**

*Charges to Corporation should include only airline tickets, rental cars, lodging, or other travel expenses billed directly to Corporation.
 **Enter details on reverse side of this form.

CERTIFICATION OF UNAVAILABILITY OF U.S. FLAG AIR CARRIERS (if not indicated on TA)

Include Page 5 (Waiver Checklist) of this workbook, if not included with the TA, to indicate Certification of Unavailability of U.S. Flag Air Carriers. MUST be signed by a professional travel agency.

DOMESTIC

INSTRUCTIONS

Receipts (original when possible) for transportation, lodging, parking, laundry, and other miscellaneous items, greater than \$50, must be attached to this voucher. If NO receipts are attached, please provide "Exception to Policy" approval.

All long distance telephone calls must be itemized as business or personal.

CHARGES TO CORPORATION

DATE	LODGING (Place or City)	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Reg Fees, Honorarium, etc.)	AMOUNT	
TOTAL:		<input type="text"/>	TOTAL:		<input type="text"/>	TOTAL:	<input type="text"/>

DATE	RENTAL AGENCY	LOCATION	AMOUNT

REIMBURSABLE TO TRAVELER

DATE	LODGING	AMOUNT	MISC. EXPENSES (Type of Expenses)	AMOUNT	OTHER (Fees, Honorarium, etc.)	AMOUNT	
TOTAL:		<input type="text"/>	TOTAL:		<input type="text"/>	TOTAL:	<input type="text"/>

DATE	RENTAL AGENCY	LOCATION	AMOUNT

Explanation of Personal Expenses or detailed amount to be reimbursed by another organization:

Date:

Traveler:

UCAR TA:

Date(s) of Travel: _____ :

FLY AMERICA ACT WAIVER CHECKLIST

(To assist in determining qualification for a waiver of the restrictions of the Fly America Act under 41 CFR Part 301-10, check the applicable statement(s) below.)

(1) _____ Foreign air travel on a non-U.S. air carrier. Check at least one of the statements below to request a waiver of the restrictions of the Fly America Act.

(2) _____ U.S. flag air carrier cannot provide the air transportation needed, therefore, use of foreign air carrier is a matter of necessity because of: (Must check one below and all "necessity waivers" must be pre-approved by UCAR Vice President for Finance and Administration, or assignee)

- _____ Use of foreign air carrier is necessary for medical reasons.(Explain)_____
- _____ Use of foreign air carrier is required to avoid unreasonable risk to traveler's safety. (see 41 CFR 301-10.138(b)(2) for supporting evidence needed)
- _____ Other. (Provide detailed explanation.)

Signed and Approved _____ Date _____

(3) _____ Bilateral or multilateral air transportation agreement. U.S. is a party and Dept. of Transportation determines agreement meets requirements of Fly America Act.

(4) _____ No U.S. flag air carrier provides service on a particular leg of your route (can only use foreign air carrier to or from the nearest interchange point to connect with a U.S. carrier). Interchange point being the US Carrier point closest to the final destination.

(5) _____ A U.S. flag air carrier involuntarily reroutes traveler on a foreign air carrier.

(6) _____ Service on a foreign air carrier is three hours or less, and use of U.S. flag air carrier doubles en route travel time.

(7) _____ Air travel is between the U.S. and another country and use of a U.S. carrier on a nonstop flight extends travel time by 24 hours or more.

(8) _____ Any other air travel. (you must check at least one of the following statements to qualify for a waiver of the Fly America Act restrictions in this section)

- _____ Use of a U.S. carrier increases the number of aircraft changes outside the U.S. by 2 or more.
- _____ Use of a U.S. carrier extends travel time by 6 hours or more.
- _____ Use of a U.S. carrier requires a connecting time of 4 hours or more at an overseas interchange point.

Remember, you must use a U.S. flag air carrier on every portion of the route where it provides service unless you qualify for a waiver.

Traveler Signature: _____ Date: _____

Issued by Boulder Travel _____ Date: _____
Signature