

STAFF AUGMENTATION CONTRACT ASSOCIATE TRAVEL AND BUSINESS EXPENSE INVOICE

When completing electronically, click on each field to be filled in.

1.	Contractor Associate SNL ID	Contract Associate's Name	Org.	MS	Phone No.	Mo/Day/Yr
2. Supplier Name _____						Email Address (REQUIRED)

3. For expenses from _____ thru _____ Total trip days _____ Personal days _____
 Note: Total of personal & business days should equal total travel days

4. Business Purpose _____

5. Supplemental Invoice (Attach a copy of the original Travel Invoice and any other supplements.)

6. DATES	from	to							TOTALS
7. TRAVEL DESTINATION(S)									
TRANSPORTATION EXPENSES									
8. RENTAL CAR (Note 1)									
9. RENTAL CAR GAS									
10. PARKING									
11. TAXI/SHUTTLE/BUS/TOLLS									
12. AIR FARE (Note 2)									
13. OTHER TRANSPORT ▲									
14. PERS. CAR MILES/COST ▲									
15. TOTAL (8...14)	-	-	-	-	-	-	-	-	A -
LODGING EXPENSES									
16. LODGING (Actual)									
16a PER DIEM - LODGING (Note 3)									
16b LODGING TAX									
16c LESSER OF 16 or 16a + 16b	-	-	-	-	-	-	-	-	B -
17. BREAKFAST - ACTUAL									
18. LUNCH - ACTUAL									
19. DINNER - ACTUAL									
20. TIPS									
21. OTHER INCIDENTALS ▲									
22. TOTAL (17...21)	-	-	-	-	-	-	-	-	
23. PER DIEM - MIE									
24. LESSER OF 22 or 23	-	-	-	-	-	-	-	-	C -
OTHER BUSINESS EXPENSES (ENTER EXPLANATION ON LINE 29)									
25. SAFE ARRIVAL CALL (Note 4)									
26. TUITION/CONF. REGIS.									
27. MISCELLANEOUS (Note 5) ▲									
28. TOTAL (25...27)	-	-	-	-	-	-	-	-	D -

29. ▲ EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES	ANALYSIS OF BALANCE
	E. Total Expense (A + B + C + D) -

30. COST DISTRIBUTION				Authorized representative of the above-named supplier designated to file this claim for payment of travel expenses incurred on behalf of Sandia National Laboratories in accordance with the above-referenced expenses.
AMOUNT	PROJECT	TASK	ORG.	
				Staff Augmentation Contract Associate Signature _____ Date _____

CONTRACT ASSOCIATE SEND TO SUPPLIER, THEN SUPPLIER SEND TO MS 1385. **FINAL APPROVAL**

- Attach - Travel Authorization form (SF 4600-LRA)
 - Itinerary
 - Authorization to Exceed Lodging Per Diem (SF 4600-LR) SNL Next Level of Mgmt. (Dept. Mgr. or above) _____
 - Copies of receipts for Airfare, Rental Car, Lodging (regardless of cost) Date _____
 - Copies of receipts for expenses of \$75 or more.

Note 1: Provide justification for car rental upgrade (should be noted on line 29)
 Note 2: Provide justification for domestic air fare exceeding \$1000.00 (should be noted on line 29)
 Note 3: Lodging is limited to per diem unless approval form (SF 4600-LR) is signed by SNL Manager and attached. Lodging is then limited to 150% of per diem.
 Note 4: Maximum of \$10
 Note 5: Misc. moving expenses of household goods, personal safety equipment, finder's fee, or other approved reimbursable business related expenses, and compensation for SNL hiring of Staff Aug Contract Associate

INSTRUCTIONS

SF-4601-CAT (7-2008) Supersedes (1-2008) issue

STAFF AUGMENTATION CONTRACT ASSOCIATE TRAVEL AND BUSINESS EXPENSE INVOICE INSTRUCTIONS

- * Invoice expenses bi-weekly or upon return from trip, whichever occurs first. Invoices should be prepared in ink or typewritten.
- * Keep a daily record of expenses.
- * Explain unusual expenses on travel invoice line 29.
- * Contractor should retain appropriate documentation to support this invoice as required by the terms of this contract and the Federal Travel Regulations.

GENERAL INFORMATION

- Line 1: Complete all boxes. E-mail address is required.
- Line 2: Enter complete supplier name (Staff Aug Contract Employer)
- Line 3: Complete expenses from and thru dates and number of trip and personal days. (Total of personal plus business days should equal total trip days.)
- Line 4: Clearly describe business purpose of trip - provide unclassified description.
- Line 5: If this is a supplement to another travel invoice (2nd invoice for the same trip), check the supplemental invoice box attach a copy of the original invoice. Number supplemental invoices in numerical sequence, i.e., 1st supplemental is number 1, 2nd supplemental is number 2, etc..
- Line 6: Enter dates of travel. If more than 7 days, use 2nd travel invoice and complete Analysis of Balance and Cost Distribution on last page.
- Line 7: Report city and state or country travel destinations.

TRANSPORTATION EXPENSES

- Line 8: Enter car rental cost only under date car was returned. Justification for car rental upgrade should be noted on line 29. [Attach copy of receipt.](#)
- Line 9: Record cost of rental car gas under date purchased. [Attach copy of receipt if \\$75 or more.](#)
- Line 10: Enter amount of parking charges on a daily basis.
- Line 11: Enter costs for taxi, shuttle/bus/subway fares/tolls on dates incurred.
- Line 12: Enter charges for air fare. Justification for domestic air fare exceeding \$1000.00 should be noted on line 29. [Attach copy of receipt.](#)
- Line 13: Other transportation expenses include train fare or other modes of transportation. Explain on line 29. Tickets issued to you through Sandia should not be included on this invoice.
- NOTE:** Airline tickets that are charged directly to a Sandia project are not invoiced as a trip cost by a supplier. Emergency trips where you purchased the ticket and charged it to your credit card, or last minute arrangements with the Designated Travel Agent where you picked up tickets at the airport and charged it to your credit card are invoiced on this line.
Explain circumstances on line 29. [Attach copy of receipt.](#)
- Line 14: Record the cost of mileage for use of your personal vehicle using the current Sandia National Laboratories' (SNL) reimbursement rate. Show calculation (miles x mileage rate) on Line 29. (copy from MapQuest)
- Line 15: Total lines 8 thru 14. Add the totals for each day and enter in Box A.

LODGING EXPENSES

- Line 16: Enter actual room costs DAILY per hotel receipt (use date the room was used).
- Line 16a: (See Note 1) Enter lodging per diem per GSA Chart [GSA - Domestic Per Diem Rates](#)
- NOTE:** On a daily basis, Line 16 should not exceed the amount on Line 16a unless the Approval to Exceed Per Diem form was approved. If authorization was obtained, this line should reflect 150% of the daily lodging per diem.
- Line 16b: Record actual lodging tax per hotel receipt. (If actual lodging exceeds per diem and no authorization to exceed per diem is given, reduce the tax % to reflect the lodging %)
- Line 16c: Enter lesser of Line 16 or 16a plus 16b. Add the totals for each day and enter in Box B.
Meals & Incidental Expenses (75% of per diem for first and last day).

MEALS AND INCIDENTAL EXPENSES

- Line 17: Enter cost of daily breakfast. [Any individual meal of \\$75 or more requires a copy of the receipt.](#)
- Line 18: Enter cost of daily lunch. [Any individual meal of \\$75 or more requires a copy of the receipt.](#)
- Line 19: Enter cost of daily dinner. [Any individual meal of \\$75 or more requires a copy of the receipt.](#)
- Line 20: Record any cost for tips to baggage handlers, maids, waiters/waitresses, etc.
- Line 21: Enter legitimate incidental travel expenses allowed in your agreement with Sandia, not otherwise specified above. Furnish details of costs on line 29.
- Line 22: Total lines 17 thru 21. Add the totals for each day.
- Line 23: Enter Meal and Incidental Expense per diem per GSA Chart [GSA - Domestic Pre Diem Rates](#)
- NOTE:** If there are extenuating circumstances, a memo justifying the amount over meals/incidentals per diem should be attached to the invoice.
- Line 24: Enter lesser of line 22 or 23. Add totals for each day and enter in Box C.

OTHER BUSINESS EXPENSES

- Line 25: Enter amount of your safe arrival call and change of plans call (one safe arrival call per destination), limited to \$10. (see Note 2).
- Line 26: Enter the cost of approved tuition or conference registration fee. [Attach copy of receipt.](#)
- Line 27: Enter miscellaneous costs such as business fax, copies, foreign currency exchange fees, etc. Furnish details on line 29. Personal safety equipment reimbursements, compensation for SNL hiring of Staff. Aug contract employees. Furnish details on line 29.
- Line 28: Total lines 25 thru 27. Add the totals for each day and enter in Box D..
- Line 29: Explain all unusual costs; other transportation expenses (Line 13); personal car mileage calculation (Line 14); and, if foreign travel, note exchange rate used for calculations.

COST DISTRIBUTION

- Line 30: Enter the amount, project, task number, and organization that these expenses should be

INSTRUCTIONS

charged. The sum of amount (under Cost Distribution) must equal Line G.

ANALYSIS OF BALANCE

- Box A: Total all transportation expenses (Line 15) for all travel.
- Box B: Total all lodging (Line 16c) for all days of travel.
- Box C: Total all meals and incidental expenses (Line 24) for all days of travel.
- Box D: Total other business expenses (Line 28) for all days of travel.
- Box E: Total contract associate expenses is the sum of boxes A, B, C & D.
- Box F: Enter the supplier handling fee. A handling fee is not applicable to supplemental travel invoices.
- Box G: Total invoice amount to be paid to supplier (Box E Plus Box F).

BEFORE YOU SUBMIT YOUR INVOICE:

- * Have you signed and dated the invoice?
- * Did you attach your itinerary (all pages), forms SF 4600-LARA, SF 4600-LR, original receipts for hotel, rental car & air fare (regardless of the amount.) original receipts where indicated above, and for other expenses?
- * Obtain authorized contract representative and Sandia line manager signatures.

NOTE: The Sandian who approves the expenses is responsible for reviewing the form for adherence to Federal Travel Regulations (FTR 301, Appendix A) and ensuring that original receipts are attached to the original form. Receipts are required to substantiate airfare, rental car, and lodging expenses regardless of the amount. For other expenses, receipts are required only if \$75 or more.

The rules are as follows:

Airfare should not exceed the lowest logical airfare.

Lodging, meals and incidental expenses should not exceed the per diem amount specified, unless Approval to Exceed Lodging Per Diem form is attached.

NOTE: In addition, the following costs are considered unallowable and will not be reimbursed by DOE.

- Portion of the cost that exceeds the lowest available airfare
- Travel costs in excess of FTR
- Airfare, car rental and lodging expenses not substantiated with copies of receipts
- Meals, local transportation, and incidental expenses of \$75 or more not substantiated with receipts

Send the completed form to your Staff Aug Contract Employer for review prior to submitting to SNL's Accounts Payable Dept., Organization 10503, Mail Stop 1385.