



**COLLABORATION EXEMPTION REQUEST**

**Official Full Name of Collaboration Meeting:** \_\_\_\_\_

**Dates(s) & Frequency of Meeting(s) (FY2013): (Circle one) Monthly - Quarterly - Biannually - Yearly**

**Location of Meeting(s):** \_\_\_\_\_

**Participating Labs: (if known)** \_\_\_\_\_

**Approximate Cost to Fermi: (Travel cost, Registration, etc)** \_\_\_\_\_

**Agenda Highlights:** \_\_\_\_\_

**Applicable Exemption: (based on 12-6-12 conference memo)** \_\_\_\_\_, \_\_\_\_\_.

**Explanation for Exemption:** \_\_\_\_\_

**Lead Traveler/Collaborator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type or print Name of Signee:

**D/S/C Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type or print Name of Signee:

**Associate Lab Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type or print Name of Signee:

Please attach this approved form to the Travel Authorization (TA) at time of submission.