

TRAVEL MANUAL
August 9, 2001

ATTACHMENT C-7A

August 9, 2001

«Title» «FirstName» «LastName»
«Company»
«Address1»
«Address_2»
«City»

Dear «Title» «LastName»:

Thank you for agreeing to participate in the (Meeting Name). Authorization for you to travel to the meeting to be held at (the facility and location) has been received. The review will begin at (time) on (date).

Please note that any exceptions or variations to the stated travel guidance (see attached form) must be approved by the Oak Ridge Associated Universities (ORAU) **prior** to the start of official business. In the absence of any prior approval or documentation, ORAU's interpretation of the appropriate cost allocation will be applied in accordance with the enclosed ORAU Travel Reimbursement Guidelines. If you are combining this trip with a personal or business trip, an equitable division of expenses must be agreed upon **in advance** and authorized by ORAU. Travelers living within 50 miles of the meeting site will not be reimbursed for transportation or lodging. Reimbursement of expenses is made provided that such payment does not represent dual compensation from any other source.

For your convenience, the ORAU Travel Office is available to assist you with your travel needs. Please contact the travel office at (865) 241-3109 or e-mail **travelos@orau.gov**. You are responsible for the initial payment of all travel and lodging costs and will be reimbursed, by ORISE, for allowable costs upon receipt of a signed Travel Expense Statement (TES) and official receipts (see enclosed Travel Reimbursement Guidelines and TES form).

As a token of appreciation for your assistance ORAU has been authorized to pay you an Honorarium in the amount of \$ (amount). Please complete and sign the enclosed Form W-9 and return it prior to or with the honorarium form.

Thank you, again, for your participation and support of the (Name of Meeting or Conference here). If you need additional information, or special accommodations at the hotel and meeting site, please contact (Name and phone number of the person to contact at ORISE).

Sincerely,

(name of person signing)
(title of person signing)

Enclosures:
Travel Reimbursement Guidelines
Travel Expense Statement
Form W-9

Reimbursable Expenses	Rate of Reimbursement	City & State	Instructions and Comments
Hotel (insert name, address and phone number)	\$(amount)* plus tax		<ul style="list-style-type: none"> • Confirm your reservation with hotel NO LATER THAN (date) using your personal credit card • Room block held under (name of meeting) until (date)
Per diem	\$(amount)* per calendar day of travel		<ul style="list-style-type: none"> • First and last day of travel calculated at 3/4 of a day, regardless of starting and ending times
Mileage	\$.36 per mile		<ul style="list-style-type: none"> • Personal vehicle
Airline ticket			<ul style="list-style-type: none"> • Use lowest commercial airfare available
Inclusive dates			On or about October 4-5, 2001
Travel from		(departure city)	
Travel to		(arrival city)	
Return to		(departure city)	
Rental Car			NO RENTAL VEHICLE AUTHORIZED
Honorarium	(total amount of)	At the completion of your participation, please complete Form W-9 and sign the enclosed Invoice for Payment of Fees and return it to: (employee name) Oak Ridge Institute for Science and Education P.O. Box 117, MS 17 Oak Ridge, TN 37831-0117.	

* Prescribed ceiling set by the General Services Administration (GSA)

TRAVEL REIMBURSEMENT PROCEDURES

- Complete enclosed TES form within 5 working days after trip completion
- Include **ORIGINAL/OFFICIAL RECEIPTS**
- Complete information for the honorarium and for W-9
- Reimbursement will take approximately 4 weeks after receiving completed forms and documentation
- Return to: (employee name)
Address stuff