



STP Procedure Approval

Invitational Travel Authorization and Vouchers **AD-500**

Issue Date: June 6, 2000

Expiration Date: June 6, 2002

Paul H. Lohaus
Director, STP

A handwritten signature in dark ink, appearing to read "Paul H. Lohaus", is written over a horizontal line.

Date:

6/6/00

Frederick C. Combs
Deputy Director, STP

A handwritten signature in dark ink, appearing to read "Frederick C. Combs", is written over a horizontal line.

Date:

5/25/2000

Brenda G. Usilton
Procedure Contact, STP

A handwritten signature in dark ink, appearing to read "Brenda G. Usilton", is written over a horizontal line.

Date:

5/23/2000

NOTE

The STP Director's Secretary is responsible for the maintenance of this master copy document as part of the STP Procedure Manual. Any changes to the procedure will be the responsibility of the STP Procedure Contact. Copies of STP procedures will be distributed for information.



Procedure Title:
*Invitational Travel Authorization and
Vouchers*
Procedure Number: AD-500

Page: 1 of 3

Issue Date:
06/06/2000

I. INTRODUCTION

This procedure describes the use of NRC invitational travel by the Office of State and Tribal Programs (STP) for authorization and voucher processing.

II. OBJECTIVES

- A. To identify the process used to request invitational travel and reimbursement for travel expenses.
- B. To provide the form for requesting authorization of invitational travel.
- C. To provide instructions for filling out the voucher after travel has ended.

III. BACKGROUND

The STP provides invitational travel for State travelers to participate in Integrated Materials Performance Evaluation Program (IMPEP) Reviews, Management Review Board (MRB) meetings, Working Groups, and Commission briefings. Invitational travel and per diem is also provided for State attendance at NRC sponsored training when States meet the criteria for NRC training funds (see STP Internal Procedure E.4, "Training and Qualification Criteria for Agreement State Reviewers"). The STP also funds the National State Liaison Officers meeting, which is held every 3 years. Other offices may also authorize invitational travel for State travelers in accordance with their internal procedures.

IV. ROLES AND RESPONSIBILITIES

- A. The Management Analyst is responsible for processing all State invitational travel for the STP. In the absence of the Management Analyst, the Director's secretary processes invitational travel. The Management Analyst maintains a record of all State invitational travel.
- B. The Management Analyst is responsible for verifying that all vouchers submitted are complete and accurate.
- C. NRC staff is responsible for coordinating all STP funded State invitational travel with the Management Analyst.

- D. The STP Director or Deputy Director is responsible for authorizing STP funded invitational travel.
- E. The STP Director or Deputy Director is responsible for certifying all voucher submittals are complete and accurate.

V. GUIDANCE

A. Guidance to NRC Staff

- 1. NRC staff should coordinate all State invitational travel that is to be funded by STP with the Management Analyst. Such coordination should take place before a commitment for STP funding is provided to the State traveler.
- 2. NRC staff should instruct the State traveler to call the Management Analyst (Brenda Usilton, (301) 415-2348, E-mail BGU@NRC.GOV) for guidance on how to make the arrangements for travel.

B. Guidance to be Given to Agreement State Staff

- 1. Specific information is required from the traveler to prepare NRC travel orders, providing official authorization for the travel. This information will be provided to the Management Analyst by fax or E-mail. (See Appendix A for items that are needed for preparation of travel orders.)
- 2. To obtain reimbursement, a voucher must be completed and returned at the conclusion of travel. The voucher for reimbursement should be sent by the traveler to the Management Analyst. Vouchers are either sent to or provided to the traveler at the meeting, course, etc. The voucher will have instructions for filling out the form properly. (Also see Appendix B for instructions and a sample voucher.)
- 3. The Management Analyst reviews all vouchers for completeness and conformance with Federal travel regulations and makes modifications, as necessary, to ensure the vouchers are complete and meet current Federal travel regulations.
- 4. Travelers should return the voucher to STP for processing within 15 days to meet NRC travel processing needs and to preclude the need for follow-up contact with the traveler. Please contact the Management Analyst for any questions on completing the voucher or timing for submittal. If the Management Analyst does

not receive the voucher in a timely manner he/she would then call the State traveler to find out the status of the voucher.

5. Following processing, the U.S. Department of Treasury will mail you a reimbursement check, usually within 2 weeks of our processing the voucher.

VII. APPENDICES

Appendix A - Request for Invitational Travel

Appendix B - Travel Voucher Instructions (including sample voucher)

VIII. REFERENCES

1. STP Procedures AD-500 supersedes STP Operations Manual B.2, Revision 2, July 10, 1986 and B.3, August 13, 1984.
2. STP Internal Procedure E.4, "Training and Qualification Criteria for Agreement State Reviewers."
3. NRC Management Directive 14. 1, "Travel."

Appendix A

**Please FAX the following information to
Brenda Usilton at (301) 415-3502**

STATE: _____

DATES: _____

TRAVEL PURPOSE: _____

LOCATION: _____

NAME: _____

BUSINESS ADDRESS: _____

WORK PHONE NUMBER: _____

SS#: _____ - _____ - _____

DEPARTURE CITY (airport): _____

DATE OF DEPARTURE (note anything unusual): _____

Please provide reason: _____

DATE OF RETURN (note anything unusual): _____

Please provide reason: _____

COST OF AIRFARE (from Carlson Travel*): _____

Flight Number (e.g., UA 210) _____

Arrival Time (4:23 p.m. July 9) _____

IF YOU ARE DRIVING INDICATE ROUNDTrip MILES: _____

LODGING ARRANGEMENTS MADE: (YES) (NO) _____

* Please call Carlson Travel on 301 415-5006, (normal business hours are 8:00 a.m. - 5:00 p.m. Eastern Standard Time), provide the travel attendant with your flight information for reservations and obtain the fare cost for the ticket.

For emergency travel (outside normal work hours) you can reach Carlson Travel on 1-800-383-6723.

Appendix B (continued)

Appendix B

SAMPLE VOUCHER - FOR INVITATIONAL TRAVEL

Attached is a sample voucher showing the format to be used, the information required, and to assist you in filing your claim for expenses.

It is requested that your voucher be forwarded as soon as possible after your travel has been completed. It is required that the following be returned with your voucher.

1. Your copy of the airline ticket (xerox copy is not acceptable) or your itinerary, if you had an electronic ticket. Even though NRC pays for your airline expense it is still required to show how much the cost was.
2. Receipt for your hotel bill (xerox copy is not acceptable).
3. All expenses \$75.00 or more should have a receipt (i.e., taxi, limo, parking).
4. Please note in the instructions, that the mileage rate for driving has increased to 32.5 cents effective January 14, 2000.
5. Effective January 1, 1999 per diem allowance will only include lodging and meals. Your tax will be claimed as a miscellaneous item.

Be sure your correct and complete mailing address is in Block 7 (this is the only address the Treasury Department has for mailing your check).

PLEASE TYPE VOUCHER - Handwritten ones do not show through all carbons which are needed by Travel. DO NOT PULL ANY COPIES OFF. You will receive a payee copy in the mail after processing.

Be sure to sign and date voucher in Block 24.

Mail Voucher to: Brenda G. Usilton, O-3-C-10
Office of State and Tribal Programs
U.S. Nuclear Regulatory Commission
Washington, DC 20555

If you have any questions, please call Brenda Usilton at (301) 415-2348.

PLEASE SUBMIT YOUR VOUCHER WITHIN 15 WORKING DAYS AFTER TRAVEL HAS ENDED. DO NOT FILL IN AUTHORIZATION NUMBER, IT WILL BE DONE FOR YOU.

Appendix B (continued)

INSTRUCTIONS FOR COMPLETING YOUR TRAVEL VOUCHER

A travel voucher packet will be provided to you either by mail or by someone from STP. Complete your travel voucher in accordance with the attached samples(s).

TRAVEL BY POA

If you drive your privately owned automobile (POA), you are entitled to your mileage at **32.5** cents per mile and your toll expenses. Itemize your tolls by State. Mileage is to be computed by the most direct route.

Per diem will only be paid for a reasonable time while traveling to and from your residence. A guideline is an average of 350 miles per day. However, your reimbursement for driving your own POA cannot exceed the scheduled government rate of the airline. Therefore, the reimbursement voucher must include a comparative cost statement. Claim whichever is the least, by air or by POA. You will note in the sample voucher, travel via POA was less and, therefore, claimed. However, there are situations where travel by air is less costly and, therefore, must be claimed even though your actual POA mode of travel cost more.

PER DIEM

Effective January 1, 1999, your per diem allowance will be: maximum lodging amount of \$* _____ and meals and incidental expenses \$* _____ not to exceed \$* _____ per day. Your per diem allowance will cover lodging, meals, and incidental expenses related to subsistence; e.g., fees and tips to waiters and waitresses, porters, baggage carriers, bellhops, hotel maids, dining room stewards and stewardesses. Charges for taxes for lodging will be a separate line item.

RECEIPTS

Receipts are required for all lodging costs for which an allowance is claimed. If the lodging shows a charge for double occupancy, such fact shall be shown on the travel voucher and the traveler will be allowed single room rate. When the traveler obtains lodging on a weekly or monthly basis, the daily lodging cost shall be computed by dividing the total lodging cost by the number of days in the rental period (e.g., may be divided by 7 or 30 days, as appropriate). Receipts are required for all expenses over \$75.00. If your lodging exceeds 30 days, traveler will be allowed only 55% of the actual lodging and per diem for that area.

*Amounts for lodging and meals are incidental expenses will be different depending on where the traveler has been.

Appendix B (continued)

COMPUTATION OF PER DIEM

When lodging is required on the day that travel begins (day of departure from the official station or other authorized point), the per diem allowable shall be the actual cost of lodging incurred by the traveler, plus 75% of the applicable meal and incidental expense rate regardless of the actual time of departure. On the day of return there will be a flat 75% of the applicable meal and incidental expense rate regardless of the actual time of return. The days in between will be full per diem amounts.

Per diem for travel of 12 hours or less is now prohibited. Travel over 12 hours but less than 24 hours when no lodging is required will be paid at 75% of the applicable meal and incidental expense rate.

TRAVEL BY AIR

Complete your travel voucher using the attached sample for travel by air. You do not need to complete a comparative cost statement. If you use the airport limo at XXXXX airport to travel to XXXXX and return, be sure to obtain a receipt and attach it to your voucher.

You will be allowed taxi fare for travel from your lodging in XXXX to class/meeting and return. Receipts for such use of taxi is required and must be submitted with your voucher. You will not be allowed taxi fare to obtain food or incidentals, as this is provided for in the per diem allowance.

Please note that parking at the airport while you are on travel is reimbursable not to exceed the cost of POA round trip or taxi/limo, whichever is less.

ACCURACY OF EXPENSE ACCOUNT

It is important that the voucher contain complete and accurate information about expenses claimed. Incomplete or inaccurate information will result in questions that must be resolved and will cause delay in processing the vouchers and delay in the traveler's receipt of payment. The traveler's signature on the voucher certifies that the voucher is true and correct to the best of the traveler's knowledge. Falsification of an item on an expense account works as a forfeiture of the claim and may result in a fine or imprisonment, or both (see Travel Voucher - Part 1).

TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

APPROVED BY OMB: NO. 3150-0192

EXPIRES: 06/30/2002

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO.					
3. NAME (Last, First, Middle Initial)		4. OFFICE TELEPHONE					
5. MAILING ADDRESS (Include ZIP Code)							
9. OFFICIAL DUTY STATION (City and State) Rockville, MD		10. RESIDENCE (City and State)					
13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER					
15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT		12. COMPARATIVE TRAVEL					
17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER				
20. AMOUNT		16. EXPENSES CLAIMED (FROM NRC FORM 64A OR NRC FORM 64B)					
21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.		TRAVELER'S INITIALS					
22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.) <input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher) <input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$		CHECK NO.					
24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME.		23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete)					
SIGNATURE -- TRAVELER*		ATM					
DATE		OTHER					
25. THIS VOUCHER IS APPROVED.		FOR EXAMINER USE					
SIGNATURE -- APPROVING OFFICIAL **		AMOUNT TO BE APPLIED					
DATE		BALANCE DUE					
27. TRAVELER DESIGNATION I DESIGNATE TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. SIGNATURE -- TRAVELER		NET TO TRAVELER					
DATE		26. EXAMINER'S ADJUSTMENTS					
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use)		EXAMINED BY					
RECEIVED CASH IN THE AMOUNT OF: \$		DATE					
FOR		29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					
SIGNATURE		DATE					
DATE		NRC BADGE NUMBER					
30. ACCOUNTING CLASSIFICATION (For Division of Accounting and Finance Use)							
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

* Fraudulent Claim -- Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287, id. 1001)

** If long distance telephone calls are included, the Approving Official must have been authorized in writing by the head of the Department or Agency to so certify (31 U.S.C. 680a).

NRC FORM 64 (6-1999)
This form was designed using InForms

☐ TRAVELER'S COPY ☐ ADVANCE COPY ☐ MEMORANDUM ☐ AUTHORIZATION ☐ AUDIT ☐ FUNDS CONTROL

(6-1999)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

U.S. NUCLEAR REGULATORY COMMISSION

TRAVEL VOUCHER (PART 2)
SCHEDULE OF EXPENSES AND AMOUNT CLAIMED
 FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET

NAME (Last, First, MI)	AUTHORIZATION NO.	DEPART FROM OFFICE	
		DATE (MM/DD/YY)	TIME
			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE 20 00	NATURE OF EXPENSE	AUTHORIZED MILEAGE 32.50 ¢	NUMBER OF MILES	AMOUNT CLAIMED
	SAMPLE TRAVEL EXPENSE VOUCHER			
	NO COMPARATIVE COST STATEMENT IS NEEDED			
1/2	LV RESIDENCE VIA TAXI 1:00PM			
	AR AIRPORT [NAME] 2:00PM			13.00
	LV AIRPORT [NAME] VIA USAIR 1173 3:00PM			
	AR AIRPORT [NAME] - TAXI TO HOTEL 5:30PM			12.50
1/3-7	OFFICIAL BUSINESS			
1/7	LV HOTEL VIA TAXI TO AIRPORT			12.50
	AR AIRPORT [NAME]			
	LV AIRPORT [NAME] VIA USAIR #700 5:30PM			
	AR AIRPORT [NAME] 8:00PM			
	LV AIRPORT [NAME] VIA TAXI			13.00
1/2	AR RESIDENCE 9:30PM			
	LODGING \$115.00 = 3/4 OF \$38.00 =			143.50
1/3-6	LODGING \$115.00 + \$38.00 X 4 DAYS =			612.00
1/7	PER DIEM 3/4 OF \$38.00 =			28.50
1/2-6	TAX - CITY+STATE \$11.00 X 5 DAYS =			55.00
	(NTE 115/38/153) - NOT TO EXCEED \$115.00 FOR LODGING AND \$38.00 FOR MEALS/\$153.00 PER DAY			

GRAND TOTAL (Amount to be shown in Item 16.C, Part 1)

\$ 890.00

(6-1999)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

TRAVEL VOUCHER (PART 1)

FOLLOW INSTRUCTIONS

Estimated burden per response to comply with this voluntary collection request: 1 hour for NRC Forms 64 and 64A or 64B. NRC uses the information to authorize payment for official travel. Forward comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0192), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

1. AUTHORIZATION NUMBER		2. SOCIAL SECURITY NO.					
3. NAME (Last, First, Middle Initial) **		4. OFFICE TELEPHONE					
5. MAILING ADDRESS (Include ZIP Code)							
9. OFFICIAL DUTY STATION (City and State) Rockville, MD		10. RESIDENCE (City and State)					
13. TYPE OF TRAVEL <input type="checkbox"/> CONUS/DOMESTIC <input type="checkbox"/> NONFOREIGN OUTSIDE CONUS <input type="checkbox"/> FOREIGN <input type="checkbox"/> COS		14. METHOD OF PAYMENT HEADQUARTERS TO BE PAID BY EFT <input type="checkbox"/> EFT PAYMENT TO ALTERNATE ACCOUNT <input type="checkbox"/> OTHER _____					
		15. AIRLINE ACCOMMODATIONS <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> OTHER PREMIUM CLASS <input type="checkbox"/> FREE UPGRADE <input type="checkbox"/> NON-CONTRACT					
17. TRANSPORTATION METHOD OF PAYMENT GTR/GTS ACCT/GOVT ISSUED CARD/CASH (Identify below)		18. CARRIER	19. TRANSPORTATION GTR OR TICKET NUMBER				
			20. AMOUNT				
21. TRAVELER'S CERTIFICATION. I HEREBY ASSIGN TO THE UNITED STATES ANY RIGHT I MAY HAVE AGAINST ANY PARTIES IN CONNECTION WITH REIMBURSABLE TRANSPORTATION CHARGES DESCRIBED ABOVE, PURCHASED UNDER CASH PAYMENT PROCEDURES.		TRAVELER'S INITIALS					
22. READ CAREFULLY (If voucher includes any of the following, mark the appropriate boxes.) <input type="checkbox"/> REFUND DUE ON UNUSED TICKET, PARTIAL TICKET, AND/OR REFUND SLIP (Explain in Part 2 and attach to front of voucher) <input type="checkbox"/> REMITTANCE ATTACHED IN THE AMOUNT OF: \$		CHECK NO.					
24. I CERTIFY THAT THIS VOUCHER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED BY ME. SIGNATURE - TRAVELER* DATE		23. TRAVEL ADVANCE TOTAL ADVANCE RECEIVED (Traveler Must Complete) ATM OTHER					
25. THIS VOUCHER IS APPROVED. SIGNATURE - APPROVING OFFICIAL ** DATE		FOR EXAMINER USE AMOUNT TO BE APPLIED BALANCE DUE NET TO TRAVELER					
27. TRAVELER DESIGNATION I DESIGNATE _____ TO RECEIVE CASH PAYMENT OF THIS TRAVEL VOUCHER. I ACCEPT RESPONSIBILITY FOR THE PAYMENT ONCE THE IMPREST FUND CASHIER PROPERLY DISBURSES THE CASH TO MY DESIGNEE. SIGNATURE - TRAVELER DATE		26. EXAMINER'S ADJUSTMENTS EXAMINED BY DATE					
28. CASH PAYMENT OF TRAVEL VOUCHER (For Cashier Use) RECEIVED CASH IN THE AMOUNT OF: \$ SIGNATURE FOR DATE NRC BADGE NUMBER		29. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT SIGNATURE - AUTHORIZED CERTIFYING OFFICER DATE					
30. ACCOUNTING CLASSIFICATION (For Division of Accounting and Finance Use)							
A. COST	B. PURPOSE CODE	C. BFY	D. COST ORGANIZATION CODE	E. JOB CODE	F. (2110-S) SUBSISTENCE AND OTHER	G. (2120-D) COMMON CARRIER	H. TOTAL
DOMESTIC							
FOREIGN							

* Fraudulent Claim - Falsification of an item in an expense account works a forfeiture of the Claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 287; id. 1001)

** If long distance telephone calls are included, the Approving Official must have been authorized in writing by the head of the Department or Agency to so certify (31 U.S.C. 680a).

NRC FORM 64 (6-1999)

This form was designed using InForms

☐ TRAVELER'S COPY ☐ ADVANCE COPY ☐ MEMORANDUM ☐ AUTHORIZATION ☐ AUDIT ☐ FUNDS CONTROL

NRC FORM 64A

U.S. NUCLEAR REGULATORY COMMISSION

(6-1999)
NRCMD 14.1
Exception to SF 1012
Approved by NARS 10-81

TRAVEL VOUCHER (PART 2)
SCHEDULE OF EXPENSES AND AMOUNT CLAIMED
FOLLOW INSTRUCTIONS ON REVERSE OF FORM SET

NAME (Last, First, MI) **	AUTHORIZATION NO. **	DEPART FROM OFFICE	
		DATE (MM/DD/YY)	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

DATE 20 ____	NATURE OF EXPENSE	AUTHORIZED MILEAGE 32.50 ¢	NUMBER OF MILES	AMOUNT CLAIMED
	SAMPLE TRAVEL EXPENSE VOUCHER			
	COMPARATIVE COST STATEMENT NEEDED			
1/2	LV RESIDENCE VIA POA 1:00 PM		266	86.45
	AR NEWARK NJ 6:00 PM			
1/3-6	OFFICIAL BUSINESS			
1/2	LV NEWARK, NJ VIA POA 4:00PM		266	86.45
	AR RESIDENCE 9:00PM			
1/2	LODGING \$94.00 + 3/4 OF \$42.00=			125.50
1/3-6	LODGING \$94.00 + \$42.00 X 4 DAYS=			544.00
1/7	PER DIEM 3/4 OF \$42.00			31.50
1/2-6	TAX - CITY + STATE \$11.00 x 5 DAYS =			55.00
	TOLLS			5.00
	LOCAL MILEAGE (TO AND FROM MEETING) 10 MILES x 4 days		40	13.00
	TOTAL ACTUAL EXPENSES			946.90
	COMPARATIVE COST STATEMENT			
1/2&7	TAXI BETWEEN RESIDENCE AND AIRPORT (R/T)			26.00
	AIRFARE NATIONAL-NEWARK PER CARLSON TRAVEL			250.00
	TAXI BEWTWEEN AIRPORT AND HOTEL (R/T)			25.00
1/2	LODGING \$94.00 + 3/4 OF \$42.00=			125.00
1/3	LODGING \$94.00 + \$42.00 x 4 DAYS =			544.00
1/7	PER DIEM 3/4 OF \$42.00			31.50
	TAXES - CITY + STATE \$11.00 X 5 DAYS			55.00
	TOTAL COMPARATIVE COST			1,056.50

GRAND TOTAL (Amount to be shown in Item 16.C, Part 1)

\$946.90