

Contractor Travel Request

Please type or print information clearly

Requester information

1. First Name	2. Last Name	3. Title
4. Telephone		5. E-mail Address

Traveler's information

6. First Name	7. Last Name	8. Title	9. EE Number
10. Telephone	11. E-mail Address	12. Company Name	
13. Center Number	14. Account Number		15. Project Code
16. Travel Dates Departure: Return:	17. Destination City: State: County:	18. Name of event to be attended: Type of event to be attended: <input type="checkbox"/> Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Training <input type="checkbox"/> Collaboration <input type="checkbox"/> Site Visit <input type="checkbox"/> Other (Specify):	

Justification for travel – complete the following sections.

19. Contract purpose and contract benefit of this travel:
20. Justify that the traveler's absence from FNLCR will not delay accomplishment of contract objectives.
21. If more than one person is traveling to this location, what additional contract benefit is gained that justifies the additional cost of travel?
22. If the traveler is not a Leidos Biomedical Research, Inc., employee, describe the relationship and benefit the travel provides to the Leidos Biomedical Research, Inc., contract.

Contractor Travel Request – Instructions

1. Enter first name of the requester.
2. Enter last name of the requester.
3. Enter title of the requester.
4. Enter telephone number of the requester.
5. Enter e-mail address of the requester.
6. Enter first name of the traveler.
7. Enter last name of the traveler.
8. Enter title of the traveler.
9. Enter employee number of the traveler.
10. Enter telephone number of the traveler.
11. Enter e-mail address of the traveler.
12. Enter company name of the traveler.
13. Enter center number of the traveler.
14. Enter account number of the traveler.
15. Enter project code of the traveler.
16. Enter departure and return travel dates.
17. Enter city, state, and country of destination.
18. Enter name of event to be attended. Check appropriate box to indicate type of event to be attended: seminar, conference, training, collaboration, or site visit. If other, specify.
19. Describe how the travel will help fulfill the contract purpose and how it will benefit the contract.
20. Verify that the traveler's absence will not negatively affect the accomplishment of the contract objectives.
21. If more than one person is traveling to this location, describe how the additional cost of the travel will provide an additional benefit to the contract.
22. If the traveler is not a Leidos Biomedical Research, Inc. employee, describe the relationship and benefit the travel provides to the Leidos Biomedical Research, Inc., contract.
23. Describe why this request is being made and how this travel benefits the traveler and the contract?
24. Check box if travel requires an increase in hotel per diem cost, and provide a cost comparison. Provide dollar amount for the additional cost per diem. Provide cost saved and dollar amount for ground transportation. If other, please specify.
25. Check box if travel requires a rental car and provide a cost comparison. Provide total cost of rental car (total cost includes rental, gas, and parking at hotel/venue). Provide the cost saved for ground transportation.
26. Check box if business class airfare is required. Note the traveler must have a medical condition as approved by OHS to travel business class. Provide dollar amount for coach fare and business class fare.
27. Check box if other expenses are necessary for the travel. Provide explanation of cost and cost detail.
28. Check box for yes or no to indicate whether the traveler intends to use annual leave in conjunction with this travel, and if yes, indicate how many days will be used. Note: Please refer to the Leidos Biomedical Research, Inc., travel policy for limitations on use of annual leave.