**STAFF TRAVEL**

**COMMITTEE/VISITOR**

**RECRUITMENT**

**RELOCATION**

**OTHER**

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**TRAVEL EXPENSE REPORT**

**NATIONAL OPTICAL ASTRONOMY OBSERVATORY**

**OPERATED BY AURA, INC. UNDER COOPERATIVE AGREEMENT**

**WITH THE NATIONAL SCIENCE FOUNDATION**

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**NAME/ADDRESS**

**MAIN TRAVEL POINTS**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>DATE</th>
</tr>
</thead>
</table>

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**STATEMENT OF EXPENSES INCURRED TRAVELING ON OFFICIAL BUSINESS**

A. Lodging. Attach Receipt. List hotel charges and rate per day.

B. Meals and incidentals. Meals and incidentals are paid on a per diem basis. For rates within the US, go to the GSA Website. For rates outside of the US, go to the DOD Website. For a definition of Meals and Incidentals, please refer to the Meals and Incidental Expenses section of the Travel Policy FAQs.

C. Airfare. Attach Receipt. Show roundtrip fare including federal transportation tax.

D. Auto Rental. Attach Receipt.

E. Taxi/Limousine. Attach Receipt. Itemize taxi and limousine fares—showing start and destination. Do not include items classified under Meals and Incidentals. Please refer to the Meals and Incidental Expenses section of the Travel Policy FAQs.

F. Mileage/Personal Auto. Attach document showing driving directions and point-to-point mileage.

G. Parking. Attach Receipt.

H. Communication. Attach Receipt. Expenses for Telephone, Internet, etc.


J. Other. Attach Receipt(s).

K. Items With No Receipt. You must complete a Missing Receipt Form

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**DESCRIPTION** | **MONTH / DATE** | **TOTAL**
--- | --- | ---
A. LODGING | | |
B. MEALS AND INCIDENTALS | | |
C. AIRFARE | | |
D. AUTO RENTAL | | |
E. TAXI/LIMOUSINE | | |
F. MILEAGE-PERSNL AUTO ($0.535/mile) | | |
G. PARKING | | |
H. COMMUNICATION | | |
I. CONFERENCE EXPENSE | | |
J. OTHER | | |
K. ITEMS WITH NO RECEIPT | | |

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**EXPENSES TO BE PAID DIRECTLY BY NOAO**

AUTO $  | AIRFARE $  | HOTEL $  | OTHER $  |
(specify) | | | |

ADVANCE FOR TRIP  |

AMOUNT DUE AURA  |

AMOUNT DUE TRAVELLER  |

UNUSED TICKET FOR REDEMPTION ATTACHED  YES  |  NO  |

FINAL REPORT AND CLEAR ALL ENCUMBRANCES?  YES  |  NO  |

I HEREBY CERTIFY THAT ALL EXPENDITURES LISTED HEREON ARE TRUE AND CORRECT AND WERE NECESSARY TO ACCOMPLISH THE OBJECTIVES OF THE TRIP

SIGNATURE  DATE  

---

**ACCOUNT NUMBER**  |  **AMOUNT**
--- | ---

DEPT. HEAD  |  |

PROGRAM DIRECTOR  |  |

BUSINESS OFFICE  |  |

DIRECTOR  |  |

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**Travel Policy FAQs:** [http://www.noao.edu/noao/forms/travelexpense/documents/Travel%20Policy%20FAQs.pdf](http://www.noao.edu/noao/forms/travelexpense/documents/Travel%20Policy%20FAQs.pdf)

**GSA Website:** [http://www.gsa.gov/portal/category/21287](http://www.gsa.gov/portal/category/21287)

**Missing Report Form:** [http://www.noao.edu/noao/forms/travelexpense/documents/Travel%20missing%20receipt%20form.doc](http://www.noao.edu/noao/forms/travelexpense/documents/Travel%20missing%20receipt%20form.doc)