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|  | **Claim for Consulting Services** |
| Completed Claim for Consulting Services *and* Travel Expense Reports must be submitted to: | LLNL Supply Chain Management Department  **SASS Group** – [sass@llnl.gov](mailto:sass@llnl.gov) |

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| **Consultant Name** (Last, First, MI): | **Consultant Agreement No.:** | **Date:** |
| **Address:** New Address? | **Directorate:** | **LLNS Technical Contact:** |
| **Phone:** | **Email:** | |

**INVOICE SUMMARY**

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| **Cost Breakdown**  Consulting Fees = $  Travel Expenses = $  Miscellaneous Expenses = $  Total = $ | **Location of Services by State**  State:       /       days State:       /       days  State:       /       days State:       /       days |
| **Note:** Complete page 2 of this Claim Form and attached Travel Expense Report to support above. | |
| **Certification**  I hereby confirm that the information contained in this Claim Form is a true statement of consulting services performed by me for Lawrence Livermore National Security, LLC (LLNS) in accordance with my Consultant Agreement with LLNS. I certify: 1) the foregoing is a true statement of allowable expenses incurred for the official business of LLNS in accordance with the Consultant Agreement and Travel Expense Rules and 2) the consulting services performed by me are in compliance with, and do not violate, the terms of the Mitigation Plan incorporated into my Consultant Agreement (if applicable).  Unless indicated below, I also certify that I am not concurrently being paid during the period consulting service was rendered to LLNS by either the U.S. Department of Energy or its cost type contractors.  If applicable, indicate other organizations, or enter None:      Consultant Signature Date | |

**FOR LLNS USE ONLY**

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| **LLNS Technical Contact Approval**  I, the Technical Contact, 1) certify that I maintain sufficient evidence and/or details to substantiate this claim, 2) verify that the consulting services and travel expenses stated on this form were rendered in accordance with the Consultant Agreement, and 3) confirm that the consulting services are in compliance with, and do not violate, the terms of the Mitigation Plan incorporated into the Consultant Agreement (if applicable).    Technical Contact Name (*Please print*) Date    Technical Contact Signature | **For Consultant Office Use Only**        Days X $       per day = $  Miscellaneous Expenses = $  Travel Expenses = $  Other = $  **Pay This Amount = $**  Approved By: |
| **Project/Task Number to Be Charged** (completed by LLNS Technical Contact)  P/T      %       P/T      %       P/T      %  P/T      %       P/T      %       P/T      % | |

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|  | **Claim for Consulting Services** |

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| Consultant Name (Last, First, MI): (*Please print*): | Date: |

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| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*: (i.e. prepare for X project, attend Y meeting, discuss X with Z)** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*:** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*:** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*:** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*:** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
|  |  |  |  |  |  |  |
| **Activity Breakdown\*:** | |  | | | | |
| **Date** | **Project or Committee Name** | **# Hrs. Claimed \*** | **Misc. Expenses\*\*** | **Local Travel Mileage** | **Departure City & State** | **Destination City & State\*\*\*** |
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| **Activity Breakdown\*:** | |  | | | | |

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| **Total Consulting Fees Claimed**       hours\* / 8 hours =       Days X $       (rate) = $       Total Consulting Fees |
| **Notes:**  \*Activity breakdown must describe work performed. Maximum of eight hours per day allowed.  \*\*Receipts required.  \*\*\*Current GSA Mileage Reimbursement Rate can be found at the following website. <http://www.gsa.gov/portal/content/100715> |

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|  | **TRAVEL EXPENSE REPORT**  (*See Completion Instructions on Page 2*.) |

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| Consultant Name (Last, First, MI): (*Please print*) | | |
| For expenses from:       through:  Date Date | # Personal Days:  # Business Days: | Business Point(s): |

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| **T**  **R**  **A**  **V**  **E**  **L** | **Date** |  |  |  |  |  |  |  |
| **From Location** |  |  |  |  |  |  |  |
| **Depart Time** |  |  |  |  |  |  |  |
| **To Location** |  |  |  |  |  |  |  |
| **Arrival Time** |  |  |  |  |  |  |  |

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| **BUSINESS EXPENSES** | | | | | | | | | **TOTALS** |
| **1** | **Airfare** |  |  |  |  |  |  |  |  |
| **2** | **Rental Car, Local** |  |  |  |  |  |  |  |  |
| **3** | **Rental Car,**  **Business Area** |  |  |  |  |  |  |  |  |
| **4** | **Rental Car,**  **Gas** |  |  |  |  |  |  |  |  |
| **5** | **Parking** |  |  |  |  |  |  |  |  |
| **6** | **Ground Transportation** |  |  |  |  |  |  |  |  |
| **7** | **Tolls** |  |  |  |  |  |  |  |  |
| **8** | **Other Transportation\*** |  |  |  |  |  |  |  |  |
| **9** | **Private Auto Mileage Cost\*** |  |  |  |  |  |  |  |  |
|  | **Private Auto Miles\*** |  |  |  |  |  |  |  |  |
| **10** | **Lodging** |  |  |  |  |  |  |  |  |
| **11** | **Bus. Ph. Calls / Internet Access\*** |  |  |  |  |  |  |  |  |
| **12** | **Per Diem** |  |  |  |  |  |  |  |  |
| **13** | **Misc. Expenses\*** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Grand Total** | | **$** |

**Additional Information**

If any of the following apply, please note below and explain in the \*Explanation of Business Expenses section:

1. Has the airline ticket provided to you by LLNL been exchanged, reissued, or refunded?  Yes  No

2. Did you travel to the business point via personal auto for reasons of personal convenience?  Yes  No

3. Will any portion of these expenses be reimbursed by a source other than LLNL?  Yes  No

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| **\*EXPLANATION OF BUSINESS EXPENSES (Required for items marked with an asterisk.)** |
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**General Instructions**

• Submit the Travel Expense Report as soon as possible after the travel has been completed.

• Record expense items as a total on the date the amount was paid (e.g., total hotel bill for five days paid on the fifth day) or on a daily basis as the expense was incurred (e.g., tolls, phone calls).

• Original receipts must be attached to support any individual expenses unless otherwise noted below. If original receipts are unavailable, explain under the \*Explanation of Business Expenses section.

• Refer to the Travel Expense Rules for complete details.

**Travel Section**

• Date: List the month and day of travel (e.g., 3/24).

• From Location: Note the city departed from.

• Depart Time: Enter the time departed from location.

• To Location: Enter the name of the city where the expenses were incurred.

• Arrival Time: Enter the time of arrival.

**Business Expenses Section**

1 – Airfare: Enter the cost of the airfare. Detailed receipt is required.

2 – Rental Car, Local (to and from common carrier terminal): Enter expense for rental car for local use, to and from the common carrier terminal. Reimbursement is limited to standard/intermediate sedans or vehicle type commensurate with the requirements of the trip. (Collision insurance charges and other incidental insurance are not reimbursable.)

3 – Rental Car, Business Area: Enter expense for rental car use at the business area. Reimbursement is limited to standard/

intermediate sedans or vehicle type commensurate with the requirements of the trip. (Collision insurance charges and other incidental insurance are not reimbursable.)

4 – Rental Car, Gas: Enter expense for rental car gas. Combine local and business area gas expenses. Receipts are required for amounts $75 or more.

5 – Parking: Enter parking expenses. Receipts are required for amounts $75 or more per day.

6 – Ground Transportation: Enter taxi/shuttle expense. A receipt is required if fare, including tip, is $75 or more.

7 – Tolls: Enter toll fare. A receipt is not required.

8 – Other Transportation\*: Rail or bus – Enter the cost for the method of transportation, other than commercial air, used to arrive at the business destination. Reimbursement shall not exceed the lowest commercial discount airfare or Government contract airfare or customary standard fare (coach or equivalent). \*Explanation of Business Expenses required (e.g., bus, train).

9 – Private Auto Mileage\* (includes transportation by private auto to and from common carrier terminal): Calculate the allowable amount by multiplying the mileage by the GSA Mileage Reimbursement Rate. If use of private auto was for personal convenience, the transportation allowance is limited to the allowable airfare plus ground transportation allowance. The cost of meals and lodging while in transit are not reimbursed. \*Explanation of Business Expenses required.

10 – Lodging: Enter room charges only. Actual lodging expenses up to the GSA CONUS Maximum Lodging Rate. Receipt is required. For non-commercial lodging (i.e., house trailers or field camping) are reimbursed actual expenses supported by a receipt, up to the GSA CONUS Maximum Lodging Rate. For lodging with a friend or family member, an offsetting donation of actual costs incurred by host, supported by receipt, up to $75. One donation per stay may be provided to a host.

11 – Business Phone Calls or Internet Access\*: Reimbursement is for business conducted under the Consultant Agreement.

Personal phone calls or Internet use will not be reimbursed. \*Explanation of Business Expenses required.

12 – Per Diem: Enter actual expenses up to the GSA CONUS M&IE Per Diem Rate. Enter 75% of per diem for the first and last day of travel. For travel of at least 12 hours, but less than 24 hours, enter 75% of the GSA CONUS M&IE Per Diem Rate. For travel less than 12 hours or in the vicinity of Consultant's primary work site, there will be no reimbursement. Reduce per diem for meal(s) provided at meetings or conferences, refer to the Travel Expense Rules for percentages.

13 – Miscellaneous Expenses\*: Enter the amount for all miscellaneous expenses. \*Explanation of Business Expenses required (e.g., postage, excess baggage, fax transmittals, etc.). Receipts are required for all miscellaneous expenses.

**Additional Information Section**

1 – For air tickets provided by LLNL: If ticket was reissued or exchanged, or if an additional airfare was paid, or if there was a refund, attach all documentation concerning both the original and the changed ticket to this Expense Report.

2 – If the traveler used a personal auto to arrive at the business point for personal convenience, explain the reason.

3 – If any portion of the travel expenses will be reimbursed by a source other than LLNL, provide the source name, address, phone number.

**\*Explanation of Business Expenses Section**

A notation is required in this section for items marked with an asterisk. Use this area for additional comments or remarks.

**Consultant Signature**

The Consultant must sign the Expense Report under Consultant Signature. If the form is received unsigned, it will be returned for a signature, which will result in a delay in processing.