**California Energy Commission**

**TRAVEL FORM**

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| SECTION 1: Travel Logistics |
| **Agreement #:**XXX-##-### | **Travel Type:** (select all that apply for the single trip) [ ]  In-state travel [ ]  Out-of-state travel [ ]  Out-of-country travel [ ]  Out-of-state travel to a banned state |
| **Recipient’s Name:**[Enter Text] |
| **Travel Start Date:**M/D/YYYY | **Travel End Date:**M/D/YYYY |
| **Itinerary (From/To locations):**[Enter Text] |
|  |
| SECTION 2: Travel Purpose and Details |
| **Q1. Name and job description of each traveler, and the reason each traveler is required for the trip.**[Enter Brief Text Response] |
| **Q2A. If travel is included on the Budget Worksheet, please specify the line item per its Reference ID.** [Enter Reference ID or N/A]**SKIP TO SECTION 3. Because travel included in the Budget Worksheet is “approved,” SECTION 4 does not need to be completed.** | **Q2B. If travel is not included on the Budget Worksheet, complete the rest of SECTION 2.**[No Response Required] |
| **Q3. Purpose of travel and related agreement task(s), per the scope of work (SOW), and how specifically this trip will advance this agreement:**[Enter Brief Text Response] |
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| SECTION 3: Itemized Travel Expenses and Totals |
| **Number of travelers** | [Enter Number] |
| **Category** | **Expense Description and Details** | **Subtotal Cost** |
| Transportation | [Enter Text] | $0.00 |
| Lodging | [Enter Text] | $0.00  |
| Per Diem | [Enter Text] | $0.00 |
| **Total Cost** | $0.00 |
| **Total CEC Reimbursable Share** | $0.00 |
| **Total Match Share** | $0.00 |
| **Total of CEC Reimbursable Share plus Total Match Share (Value should match “Total Cost”)** | **$0.00** |
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| SECTION 4: CEC Approvals—TO BE COMPLETED BY CEC STAFF |
| ***\*Approval is not required for Match Share ONLY travel, or when a budget worksheet Reference ID is provided.******\*Please refer to the changes approval chart for level of approval required.******\*By approving this form, you have determined that all travel expenses listed above are reasonable and necessary for the project to be completed.*** |
| **Commission Agreement Manager (CAM):**[Enter Text] | **Signature:**[Electronic Signature] | **Date:**[Enter Date: MM-DD-YYYY] |
| **Supervisor/Team Lead:**[Enter Text] | **Signature:**[Electronic Signature] | **Date:**[Enter Date: MM-DD-YYYY] |
| **Office Manager (OM):**[Enter Text] | **Signature:**[Electronic Signature] | **Date:**[Enter Date: MM-DD-YYYY] |