**California Energy Commission**

**TRAVEL FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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] | | | | | |
|  | | | | | |
| 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** |
|  | | | | | |
| 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] | |