



Travel Authorization Request

Date _____

Employee Name _____ Contract _____
 Employee Phone # _____ Task Order # _____

TRAVEL REQUIREMENT

Departure Date _____ Destination (s) _____
 Return Date _____

CONTRACT OFFICER REPRESENTATIVE

Name _____ Bureau _____
 COR Phone # _____ Office Location _____ (SA, Room #)

ESTIMATED COSTS

COR must Initial sections highlighted in yellow

Defense Base Act (DBA) Insurance \$	<u>KTG will calculate</u>	Required _____ Not Required _____
Danger Pay \$	_____	*(if DBA insurance is required)
Travel Transportation \$	_____	(airline tickets, POV mileage, etc.)
Lodging \$	_____	AIRFARE Refundable _____ Non-Refundable _____
Per Diem \$ MIE	_____	(Estimated Lodging for duration / ** attach Hotel Reservation)
All Training Costs \$	_____	(Use Govt Per Diem Policy/Rates)
Location Transportation \$	_____	(Classes/Training Associated with the trip **Attach Receipts)
Misc. \$	_____	(Rental Car / **Attach Reservation)
TOTAL Estimated Costs \$	_____	(Incidentals, i.e. taxi, airport parking, etc.)

APPROVALS

Program Office (Name/Signature/Date) (If required by the COR)	Funding – ODC Travel on Contract/Task Order
COR Signature	Contractor Employee Signature
COR's Printed Name	Contractor Employee Printed Name
DATE	DATE

COPY OF APPROVED TAR SHOULD BE SENT TO IMMEDIATE KTG SUPERVISOR

Prior to booking airplane tickets, hotel, and rental car. Please ensure you are within the per diem rates or have signed approval to exceed per diem rates. Please comply with the FAA rules when flying and you meet the requirements. Also, attach any itinerary or reservations that you may have, please include the per diem sheet. Email the completed signed TAR with both signatures to Travel@kenya-trusant.com