

The Contractor will be paid for actual necessary and reasonable costs associated with transporting authorized personnel. The Contractor is responsible for advising the COR or on-site Government representative(s) of the anticipated cost associated with transporting personnel.

DATE	ASSIGNED BASE LOCATION
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Crew Member(s)

<input type="checkbox"/> Name (1)	<input type="checkbox"/> Name (2)
<input type="checkbox"/> Name (3)	<input type="checkbox"/> Name (4)

Reason for providing personnel:

ITEMIZATION OF COSTS – Invoices and/or receipts are attached (copies are acceptable)

Ground Transportation 1	Make:	Model:		
From	To	Total Miles	Rate	Total
				\$
				\$
Ground Transportation 2	Make:	Model:		
From	To	Total Miles	Rate	Total
				\$
				\$

Cost for transportation listed below must be supported by itemized invoices/receipts.

Airline Transportation	Name		\$
Airline Transportation	Name		\$
Charter Aircraft	Invoice to include date and time, aircraft make/model, flight time, hourly rate, passengers, and departure/destination location.		\$
Rental Car			\$
Rental Car Fuel			\$

POV Aircraft: Measured in statute miles at the FTR rate (<http://www.gsa.gov/portal/content/100715>)

From	To	Total Miles	Rate	Total
				\$
				\$
Other (explain)				\$
				\$
				\$

Estimated Cost \$

Signature: COR or On-site Government Representative: _____ Date _____

Signature: Contracting Officer _____ Date _____