

INSTRUCTIONS: Submit original and one copy to the Office of the Assistant Secretary for Administration, Main Commerce, Room 5830 HCHB, at least **15 DAYS** prior to the beginning of the trip. Request shall include specific justification for **EACH** leg of the trip for which **EXTRA FARE** accommodations are requested. Policy and guidelines for use of extra fare accommodations are contained in DOC Travel Handbook 1-3.3d. A copy of the CD-29, Travel Order, must be attached.

REQUEST FOR APPROVAL OF EXTRA FARE AIR ACCOMMODATIONS

1. NAME OF TRAVELER TIMOTHY J. BRENNAN		2. TITLE AND GRADE Programmatic Analyst		3. DATE OF REQUEST 4/21/11	
4. BUREAU NAME/ORGANIZATIONAL UNIT NIST/OLES		5. OFFICIAL DUTY STATION Gaithersburg, MD		6. OFFICE PHONE NUMBER 301.975.8573	
7. TRAVEL ORDER NUMBER G00064411		8. PERIOD OF TRAVEL —————▶		BEGINNING DATE 5/17/11	
				ENDING DATE 5/20/11	

9. (a) ITINERARY (as shown on the CD-29 Travel Order)
Washington (WAS) - New York (NYP)
New York (NYP) - Washington (WAS)

(b) PORTION OF TRAVEL FOR WHICH APPROVAL OF EXTRA FARE IS BEING REQUESTED

10. SPECIFIC JUSTIFICATION FOR USE OF EXTRA FARE AIR ACCOMMODATIONS MUST BE INCLUDED FOR EACH LEG OF THE TRIP
(Must comply with the Federal Travel Regulation referenced at 301-10.123 or 301-10.124)

Taking Acela train would be cost effective and time consuming by spending one less hour of traveling time from my work schedule. The cost of regular train is \$278 versa Acela is \$302.60, only \$24.60 different in cost. Taking train would be a huge savings to the government and eliminate a lot of unnecessary expenses in transportation.

11. NAME OF AIRLINE(s) AND FLIGHT NUMBER(s) Acela #2166 Acela #2153		12. COSTS—Specify <input type="checkbox"/> ONE WAY OR <input checked="" type="checkbox"/> ROUND TRIP	
		<ul style="list-style-type: none"> • Cost of Extra Fare \$ <u>302.60</u> <input type="checkbox"/> Business/Clipper <input type="checkbox"/> First Class • Cost of Coach Fare \$ <u>278.00</u> • Additional Cost: \$ <u>24.60</u> 	

13. PRINT NAME (Required), SIGNATURE AND TITLE OF FIRST LINE OFFICIAL RECOMMENDING APPROVAL/DATE

William Billotte, Program Manager
Print Name

[Signature] **4/21/11**
Signature and Title Date

14. (a) Assistant Secretary for Administration or Designee

APPROVED AS REQUESTED
 APPROVED AS MODIFIED BELOW
 DISAPPROVED

Darlene Hamilton
PRINT NAME (Required)

4/21/11
Date

[Signature]
SIGNATURE OF AUTHORIZING OFFICIAL
Assistant Secretary for Administration or designee

14. (b) MODIFICATION(s) (if applicable)

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REQUEST FOR APPROVAL OF EXTRA FARE AIR ACCOMMODATIONS

1. NAME OF TRAVELER JENNIFER MARSHALL		2. TITLE AND GRADE Physical Scientist		3. DATE OF REQUEST 4/21/11	
4. BUREAU NAME/ORGANIZATIONAL UNIT NIST/OLES		5. OFFICIAL DUTY STATION Gaithersburg, MD		6. OFFICE PHONE NUMBER 301.975.8573	
7. TRAVEL ORDER NUMBER G000b4423		8. PERIOD OF TRAVEL _____ ▶		BEGINNING DATE 5/17/11	
				ENDING DATE 5/20/11	

9. (a) ITINERARY (as shown on the CD-29 Travel Order)

Washington (WAS) - New York (NYP)

New York (NYP) - Washington (WAS)

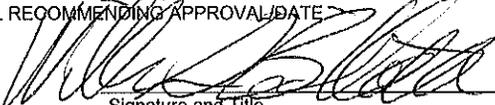
(b) PORTION OF TRAVEL FOR WHICH APPROVAL OF EXTRA FARE IS BEING REQUESTED

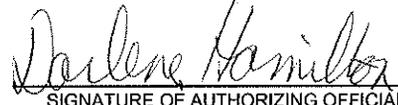
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13. PRINT NAME (Required), SIGNATURE AND TITLE OF FIRST LINE OFFICIAL RECOMMENDING APPROVAL DATE

William Billotte, Program Manager  4/21/11
Print Name Signature and Title Date

14. (a) Assistant Secretary for Administration or Designee		SIGNATURE OF AUTHORIZING OFFICIAL	
<input checked="" type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> APPROVED AS MODIFIED BELOW <input type="checkbox"/> DISAPPROVED		<u>Darlene Hamilton</u> <u>4/21/11</u> PRINT NAME (Required) Date	
		 SIGNATURE OF AUTHORIZING OFFICIAL Assistant Secretary for Administration or designee	

14. (b) MODIFICATION(s) (if applicable)