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SF-4601-C (8-2013) Supersedes (7-2009) issue   **NON-EMPLOYEE'S EXPENSE VOUCHER**   Sandia National Laboratories

Complete voucher electronically, click on each field to be filled in **SEND TO SDR PER CONTRACT PRIOR TO A/P SUBMITTAL.**

1.

Legal Name (First Name, M.I., Last Name)	**REQUIRED** - Last Four of Social Security #	Phone Number

REQUIRED

☐ Please check box if this is the first time the individual listed above has submitted a Non-Employee Expense Voucher

- *If box is check marked a W-9 form is required to be submitted with the Non-Employee Expense Voucher*   **W-9 Form**

   A W-8BEN form is required to be submitted for foreign persons   **W-8BEN Form**

Tax Reporting Name and last four of tax Identification Number (per W-9 form)	**REQUIRED** - E-Mail Address

Remit to Address   PAY METHOD: ☐ Electronic (Please complete form SF 9424-EFT)

   ☐ Check

   ☐ Wire

Name of Principal Sandia Contact	Org.	MS	Phone No.

1a. BUSINESS PURPOSE _____   **Line 1a.** Clearly describe business purpose of trip. Provide unclassified info only.

2.   For expenses from _____ thru _____

   ☐ No Fee Agreement

3. ☐ Former Employee Retirement/Service Celebration   Contract No. _____ (Note 4)   (REQUIRED use of form SF 9521-NFA)

   Daily or Hourly Fee _____

   ☐ Supplemental Voucher

4.

								TOTALS
GENERAL INFORMATION								
5. DATES								TOTALS
6. TRAVEL from / DESTINATIONS to								
7. TRAVEL TIME								
8. HOURS WORKED								Total Hrs.
9. TOTAL HOURS WORKED	-	-	-	-	-	-	-	-
10. TOTAL AMOUNT OF PAYMENT FOR TIME WORKED							A $	-
TRANSPORTATION EXPENSES								
11. AIR FARE (Note 1)								
12. RENTAL CAR (Note 2)								
13. RENTAL CAR GAS								
14. PARKING								
15. TAXI/SHUTTLE/BUS								
16. TOLLS								
17. OTHER TRANSPORT *								
18. PERS. CAR MILES/COST *								
19. TOTAL (11...18)	-	-	-	-	-	-	-	B $ -
LODGING EXPENSES								
20. LODGING (Actual)								
20a PER DIEM - LODGING								
20b LODGING TAX (Note 3)								
20c Lesser of (20 or 20a) + 20b	-	-	-	-	-	-	-	C $ -
MEALS & INCIDENTAL EXPENSES (75% OF PER DIEM FOR FIRST & LAST DAY)								
21. BREAKFAST - ACTUAL								
22. LUNCH - ACTUAL								
23. DINNER - ACTUAL								
24. TIPS								
25. OTHER INCIDENTALS *								
26. TOTAL (21...25)	-	-	-	-	-	-	-	
27. PER DIEM - Meals/Incidentals								
28. LESSER OF 26 OR 27	-	-	-	-	-	-	-	D $ -
OTHER BUSINESS EXPENSES * Enter Explanation on Line 32								
29.								
30.								
31. TOTAL (29...30)	-	-	-	-	-	-	-	E $ -

32.

*EXPLANATION OF TRAVEL AND OTHER BUSINESS EXPENSES	ANALYSIS OF BALANCE	
	F. Net Nonemployee Expense (A+B+C+D+E)	$ -
	G. Less Funds Advance/Tickets	
	H. Nonemployee Expense to be Reimbursed (F minus G)	$ -

I have incurred the above expenses on behalf of Sandia National Laboratories only and will not be reimbursed by another company or agency.

33.

COST DISTRIBUTION

PO LINE NO	AMOUNT	PROJECT NO.	TASK NO.	ORG. NO

Nonemployee Signature   Date

FINAL APPROVAL

(SDR) Approval Signature (see instructions)   Org   Mail Stop

Center Business Manager Signature   Org   Mail Stop

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CBM Signature NOT REQUIRED if reporting LABOR HOURS ONLY

Note 1. Justification for domestic air fare exceeding $1000.00 should be noted on line 32

Note 2. Justification for rental car upgrade (i.e. larger than an intermediate/mid-size car) should be noted on line 32

Note 3. If completing form electronically the lodging tax will automatically be adjusted, however tax will need to be adjusted if form is not completed electronically

Note 4. If contract/Purchase Order related please review terms and conditions to determine if form SF 4601-C is required to submit expenses.

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