

**UCAR FINANCIALLY SUPPORTED VISITOR (NON-PAYROLL)
(V2)**

HR use only:

I. APPOINTEE DATA

Name: (Last name, First name)	Gender:	M	F
		<input type="checkbox"/>	<input type="checkbox"/>

Dates of Appointment:	Effective Dates		NCAR Strategic Goal Code (See instructions) Code: <input type="text"/>	Access Card Required?	
	Begin	End		Yes	No
	Visit Dates: _____	_____		<input type="checkbox"/>	<input type="checkbox"/>
Amend Visit Date(s): _____	_____				
Revision dates for other change types: _____					

Will foreign visitor require UCAR-sponsored health insurance? Is this a Student Visitor?	Y	N	If Yes, Account Key? _____
	<input type="checkbox"/>	<input type="checkbox"/>	

Home Institution Data (Mandatory): (If unaffiliated, see instructions)

Home Institution Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Country: (If not US) _____

Appointee's Work Location Data (If outside of UCAR/NCAR/UOP facilities):

Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

UCAR Location Data:

Host Name: (Last, First) _____

Host Division(s)/Program(s): _____ Primary Div/Prog: _____ Primary Lab: _____ Additional 1: _____ Additional 2: _____

UCAR Location: Building: _____ Room: _____ Extension: _____

Visit Coordinator: _____ Extension: _____

NOTES:

II. APPROVAL SIGNATURES

Approval Signatures:	Account Key(s):	Foreign Travel Approval: (Division, Lab or Program Director, as required)
Signature: _____	_____	Signature: _____
Date: _____	_____	Date: _____
Signature: _____	_____	Signature: _____
Date: _____	_____	Date: _____
Signature: _____	_____	Signature: _____
Date: _____	_____	Date: _____

III. DISTRIBUTION

Visit Coordinator prints & distributes copies to:

_____ Human Resources

_____ Travel

Human Resources distributes data to:

_____ Today @ UCAR

_____ Mailroom

_____ Reception

_____ Switchboard

IV. HUMAN RESOURCES USE ONLY

PEID #: _____

DivProg: _____

Account Key: _____

Coding:
HR Initials: _____ Date: _____

HR Data Entry:	Initials: _____	Verified:	Initials: _____
	Date: _____		Date: _____

NAME OF APPOINTEE: _____

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VISIT COORDINATOR: _____

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V. TRAVEL EXPENSE DESCRIPTION & AUTHORIZATION

	Y	N	Travel Visitor ID #: _____
Is home institution continuing any compensation?	<input type="checkbox"/>	<input type="checkbox"/>	Visitor Authorization # (VA#): _____
Travel Account key: _____	_____ %		Itinerary:
Travel Account key: _____	_____ %		Origin: _____
Travel Account key: _____	_____ %		Destination: _____
			Travel Dates:
			From: _____ To: _____
			Amended Travel Dates:
			From: _____ To: _____
			Advances:
			Housing \$ _____
			(initiate through check request process)
			Travel \$ _____
			Date advance is required _____
Travel Expenses: (appointee and family, if eligible)	Estimated \$		
Air Fare	\$	_____	
Private Auto	\$	_____	
Per Diem (not TLPD)	\$	_____	
Lodging (not TLPD)	\$	_____	
Miscellaneous	\$	_____	
Rental Auto	\$	_____	
Shipping Allowance (not to exceed \$750.00)	\$	_____	
Other: _____	\$	_____	
Temporary Living Per Diem (TLPD*)	\$	0.00 (auto-populates from Section VI Total below)	
	Total Costs	\$ 0.00	

(* TLPD is a combination of lodging and per diem)

VI. TEMPORARY LIVING PER DIEM (BY MONTH)	VII. TEMPORARY LIVING PER DIEM QUESTIONNAIRE
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<p>--Must be combination of Lodging & per diem. --Daily allowance may not exceed maximum per diem rate per locale.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">MONTH</th> <th style="width:15%;">DATE</th> <th style="width:15%;">DOLLARS</th> </tr> </thead> <tbody> <tr><td>1st</td><td></td><td></td></tr> <tr><td>2nd</td><td></td><td></td></tr> <tr><td>3rd</td><td></td><td></td></tr> <tr><td>4th</td><td></td><td></td></tr> <tr><td>5th</td><td></td><td></td></tr> <tr><td>6th</td><td></td><td></td></tr> <tr><td>7th</td><td></td><td></td></tr> <tr><td>8th</td><td></td><td></td></tr> <tr><td>9th</td><td></td><td></td></tr> <tr><td>10th</td><td></td><td></td></tr> <tr><td>11th</td><td></td><td></td></tr> <tr><td>12th</td><td></td><td></td></tr> <tr><td>13th</td><td></td><td></td></tr> <tr><td>14th</td><td></td><td></td></tr> <tr><td>15th</td><td></td><td></td></tr> <tr><td>16th</td><td></td><td></td></tr> <tr><td>17th</td><td></td><td></td></tr> <tr><td>18th</td><td></td><td></td></tr> <tr><td>19th</td><td></td><td></td></tr> <tr><td>20th</td><td></td><td></td></tr> <tr><td>21st</td><td></td><td></td></tr> <tr><td>22nd</td><td></td><td></td></tr> <tr><td>23rd</td><td></td><td></td></tr> <tr><td>24th</td><td></td><td></td></tr> </tbody> </table>	MONTH	DATE	DOLLARS	1st			2nd			3rd			4th			5th			6th			7th			8th			9th			10th			11th			12th			13th			14th			15th			16th			17th			18th			19th			20th			21st			22nd			23rd			24th			<p>This section must be completed by the appointee. It must be signed and acknowledged in order to receive Temporary Living Per Diem.</p> <p style="text-align: right;">Circle one</p> <ol style="list-style-type: none"> 1. Do you financially maintain a residence at another location? Y N 2. Is your expected stay at UCAR one year or less? Y N If "no", answer questions 3 - 7. 3. Is your stay expected to be two years or more, or indefinite? Y N 4. Did you use the established residence immediately prior to coming to UCAR AND are you planning to maintain work contacts there during your temporary stay with UCAR? Y N 5. Are you incurring duplicate living expenses because you have to be close to your work while at UCAR? Y N 6. Do you have one or more family members living in your other residence while you are at UCAR and do you and will you continue to use this residence during your stay with UCAR? Y N 7. Is UCAR reimbursing your relocation? Y N <p>Please note: Per IRS regulations, Temporary Living Per Diem may be taxable as compensation. You will be notified if this is the case.</p> <p>I acknowledge that I am receiving Temporary Living Per Diem and certify that the above answers are correct.</p> <p style="text-align: center;">Signature of Appointee: _____ Date: _____</p> <p style="text-align: center;">Country of Citizenship: _____</p>
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Total		\$0.00
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If extending dates of Temporary Living Per Diem a new questionnaire must be completed.