



TRANSPORTATION WORKSHEET

When assigned to an alternate base, the Contractor will be paid for actual **necessary and reasonable** costs associated with transporting authorized personnel. The Contractor is responsible for advising the on-site Government representative(s) of the anticipated cost associated with transporting relief (and/or maintenance) personnel to the alternate base **prior** to the relief exchange. **Claims must be supported by itemized invoices.**
See contract clause "Transportation Costs Associated with Operating Away from the Designated Base" for detailed information.

Date: _____ **Alternate Base Location:** _____

Relief Exchange – Involved Crew Member(s)

Pilot	Name: _____
Fuel Servicing Vehicle Driver	Name: _____
Mechanic (if required by contract)	Name: _____

Scheduled Maintenance

Mechanic	Name: _____
Other (specify): _____	Name: _____
Maintenance Accomplished: _____	Reason for providing additional personnel: _____

Itemization of Costs – Invoices and/or receipts are attached (copies are acceptable)

Airline Transportation	Name: _____	\$ _____
Airline Transportation	Name: _____	\$ _____
Charter Aircraft	Invoice to include aircraft make/model, flight time, hourly rate, passengers, and departure/destination location, date and time (Authorized by CO only)	\$ _____
Rental Car		\$ _____
Rental Car Fuel		\$ _____

POV Auto: At the FTR rate (<http://www.gsa.gov/portal/content/100715>)

From:	To:	Total Miles	Rate	\$

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

From:	To:	Total Miles	Rate	\$
Other (explain):	1.			\$ _____
	2.			\$ _____
	3.			\$ _____

Total ACTUAL Cost _____ **\$** _____

Yes, the COR or On-site Government Representative was notified of the anticipated cost for this alternate base transportation expense prior to mobilization of the relief personnel. Date: _____