

**U.S. ATLAS FOREIGN TRAVEL REQUEST FORM**

**TRAVELER'S NAME:** Dan Edmunds **BNL CONTRACT NUMBER:** 308720  
**NAME OF UNIVERSITY:** Michigan State University **UNIVERSITY CONTACT:** Brenda Wenzlick  
 Phone: 517-884-5581  
 Email: wenzlick@pa.msu.edu

**TRAVEL DATES** **FTMS NUMBER** 201715818  
**START DATE:** 10-Jul-17 **Is this a conference?** NO  
**END DATE:** 20-Jul-17 **Is conference projection submitted?** N/A

**TRIP PURPOSE** Travel to Cambridge University to participate in the Hub and Rod Modules test for the ATLAS L1Calo Trigger.

<b>PREPAID/NO COST EXPENSES</b>		Indicate funding type: <b>D</b> =DOE/BNL <b>N</b> =Non-DOE (e.g. university) <b>F</b> =Foreign (e.g. CERN)	
		<u>FUNDING TYPE</u>	
Prepaid Airfare		D	1,926.46
No Cost Per Diem			0.00
No Cost Lodging			0.00
<b>TOTAL PREPAID/ NO COST</b>			<b>1,926.46</b>

<b>DOE EXPENSES</b>			
PER DIEM LOCATION	NUMBER OF DAYS	RATE	TOTAL
Cambridge, United Kingdom	10.5	40.00	420.00
	0	0.00	0.00
	0	0.00	0.00
<b>PER DIEM TOTAL</b>			<b>420.00</b>
LODGING LOCATION	NUMBER OF DAYS	RATE	TOTAL
Cambridge, United Kingdom	9	70.00	630.00
	0	0.00	0.00
	0	0.00	0.00
<b>LODGING TOTAL</b>			<b>630.00</b>
<b>OTHER EXPENSES</b>			
Rental Car			0.00
Gas			0.00
Taxi/Limo	to and from DTW	2 trips @ \$30 each	60.00
Train	to and from LHR	2 trips @ \$30 each	60.00
Other (identify)			0.00
<b>TOTAL OTHER EXPENSES</b>			<b>120.00</b>
<b>TOTAL DOE EXPENSES</b>			<b>1,170.00</b>

**TOTAL TRAVEL EXPENSES** 3,096.46

**PROJECT** 50398 **RESOURCE CATEGORY** 280  
**ACTIVITY** 50398 **RESOURCE TYPE** TRAV

Is the information to be discussed it is or is intended to be published or presented in open scientific meetings, then the information falls under the fundamental research exemption and needs no export control review? Yes

Will you be taking DOE or laboratory owned equipment on this travel? No

Review the Department of State Travel Warnings ([http://travel.state.gov/travel/cis\\_pa\\_tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw_1764.html)) for health and safety information about the countries you will be visiting.  
 Have you contacted your Medical Support Staff to ensure awareness of safety & health issues? Yes  
 If no, explanation required:

Traveler's Signature: Dan Edmunds 22-JUNE-2017  
 \_\_\_\_\_ Date  
 University Approval: \_\_\_\_\_ Date  
 BNL Department Chair Approval: \_\_\_\_\_ Date