TRAVEL DETAIL QUALITY IMPROVEMENT ORGANIZATION BUSINESS PROPOSAL CENTERS FOR MEDICARE & MEDICAID SERVICES

1. RFP Number:	2. Name and Address of QIO Organization:		3. QIO Area (State):
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6. Area	7. Trip Title & Description/Purpose	8. # of Days per Trip	9. # of Nights per Trip	10. # of Travelers per Trip	11. Airfare per Person	12. Departing from:

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3. GRAND TOTAL:								

^{**} Please note, the totals for these activities DO NOT roll into the TRAVEL line item listed on the forms entitled, "(

	4. Contract Period		
	From:	01/00/1900	
	To:	01/00/1900	

5. Mileage	
Rate:	

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13. Arriving to:	14. FTR Meals & Inc. Daily Rate	15. FTR Lodging per Night	16. # of Trips	17. Total # of miles per trip	18. # of Rental Cars Per Trip	19. Daily Rental Car Rate	20. Misc. Cost per Person per Trip (includes parking, gas, taxi, etc.)	21. TOTAL	22. Notes	
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QIO F719", "QIO ODC", or "BFCC Sup Sch".

