TRAVEL ADVANCE



Dept./ Program:	./ ram: Fund(s) That Will Be Charged: Re					Required Tra	equired Travel: (Y or N)	
						•	,	
Business Purp	oose:							
Destination(s):			Date(s) of B	usiness Activity: _	to	<u> </u>	
1st Day of Tra	ıvel:	Last	Day of Trave	el:	Retu	rn to Work Date: _		
Will you recei	ve any personal	compensatio	on from the s	ponsor?	If so, pleas	se itemize/describe	below:	
Will any costs	of this trip be re	imbursed to	you or to the	e Tribe?	If so, pleas	se itemize/describe	e below:	
			ns for any Provide					
Dates of Travel D	Daily GSA Per Diem *		Lunch	Dinner	Net Per Diem	Hotel **	Total Daily	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
Subtota	al for Per Diem E	xpenses & H	otel		\$	\$	\$	
* 1 st and Last Day	of travel should be liste	d at ¾ of the Full		your city.		I	<u>l '</u>	
** Only if not required by hotel to utilize Tribe's credit card							\$	
Mileage (# of miles x \$0 (current GSA rate) Is a GSA Vehicle available? Yes No							\$	
Airline Luggage Fees								
Taxis / Other Transportation / Parking							\$	
Other Anticipated Costs You Expect to Incur: Travel Advance Amount - charged to: 1202							\$	
T		ount - cnar	ged to:	-	- 1202			