



TRAVEL ADVANCE REQUEST

Date: _____ Employee: _____ Vendor #: _____

Dept./Program: _____ Fund(s) To Be Charged: _____ Required Travel: _____ (Y or N)

Business Purpose: _____

Destination(s): _____ Date(s) of Business Activity: _____ to _____

1st Day of Travel: _____ Last Day of Travel: _____ Return to Work Date: _____

Will you receive any personal compensation from the sponsor? _____ If so, please itemize/describe below:

Will any costs of this trip be reimbursed to you or to the Tribe? _____ If so, please itemize/describe below:

(Deductions for any Provided Meals)
(Insert negative number)

Dates of Travel	Daily GSA Per Diem *	Breakfast	Lunch	Dinner	Net Per Diem	Hotel **	Total Daily
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Subtotal for Per Diem Expenses & Hotel					\$	\$	\$

* 1st and Last Day of travel should be listed at ¾ of the Full Day GSA rate for your city.

** Only if not required by hotel to utilize Tribe's and/or program credit card

Mileage (# of miles _____ x \$0 _____ (current GSA rate)	Is a GSA Vehicle available? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Airline Luggage Fees		\$
Taxis / Other Transportation / Parking		\$
Other Anticipated Costs You Expect to Incur:		\$
Travel Advance Amount - charged to: _____ - _____ - 1202		\$

Note: If driving in a personal vehicle instead of flying to the destination, please provide a printout showing the comparable airfare (lower amount is reimbursable) two weeks before expected travel. Please submit this form to the Finance Department 3-7 days before the 1st day of travel to allow for timely processing. A Travel Settlement form must be submitted within 3 days from the actual Return to Work Date. Failure to settle in this time-frame, and to simultaneously remit any reimbursement due to the Tribe, may result in refusal of further travel, payroll deductions and/or disciplinary action.

Employee Signature _____ Date _____ Manager/Director _____ Date _____ Responsible Accountant _____ Date _____