TRAVEL AUTHORIZATION

Note: This form must be completed and fully approved PRIOR to making any firm travel commitments, either personally or through the Tribe's travel agencies.

Date:_____ **Employee Name:** _____ **TPO #:** _____ **Vendor #:** _____

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

Business Purpose: _____

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

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:**

_____

ESTIMATED COST OF TRIP (PRELIMINARY ONLY):

Estimated Meals & Incidental Expenses	$
Travel Agent Booking Fee	$
Mileage *(# of miles_____x $0____(current GSA rate)*	$ 0.00
Hotel *(# of nights_____x $_____per night)* Hotel Name: _____	$ 0.00
Airfare	$
Registration Fee (separate Requisition required)	$
Car Rental	$
Airline Luggage Fees	$
Taxis/Other Transportation/Parking	$
Other Miscellaneous Costs	$
Total Estimated Cost of Trip	**$ 0.00**

Note: This form must be accompanied by a preliminary itinerary showing airfare, hotel and car rental costs, if any. When Manager/Director and Accountant approvals are obtained, Finance will scan and e-mail this Authorization to the traveler, Purchasing Specialist, Accountant and to the Tribe's authorized travel agency to finalize booking travel arrangements, and this shall serve to authorize the agency to charge the Tribe's credit card or other accounts, as needed. Alternatively, an employee may proceed to book their own arrangements, keeping in mind that the lowest costs should always be obtained.

A Travel Advance Request should be submitted by the Employee to Accounts Payable 3-5 business days before the Departure Date, with final Settlement due within 3 business days of returning to work.

✓ **NOTE TO ACCOUNTANT: A signed copy needs to be returned to department for approval to charge on travel card.**

_____	_____	_____
Employee **Date**	**Manager/Director** **(of Budget charged)** **Date**	**Responsible Accountant** **Date**

* **THIS TRIP IS BEING BOOKED ON A TRAVEL CREDIT CARD:**

_____
INDIVIDUAL CARD HOLDER'S NAME

Updated 10/1/2024