TRAVEL SETTLEMENT



Date: _		Employee:			Dept	•	Vendor #:			
Destination(s):							Return to Work Date:			
Did you receive any personal compensation or are any costs being reimbursed by the sponsor?									(Yes or No)	
If Yes, please itemize/describe: (Deductions for Provided Meals)										
(Insert negative number)										
									Total Daily	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
	\$	\$	\$	\$		\$	\$		\$	
Subtotal for Per Diem Expenses & Hotel (A) \$ \$									\$	
Mileage (# of miles x \$0 (current GSA rate) Was a GSA Vehicle available? Yes No \$										
Airline Luggage Fees									\$	
Taxis / Other Transportation / Parking									\$	
Other out-of-pocket costs (itemized):									\$	
Subtotal Other Costs Incurred (B)									\$	
Total Costs Incurred by Traveler (A + B) Fund Number* to be charged: 7060									\$	
Less: Travel Advance (if any) Travel Advance to be credited: 1202								1202	\$()	
Amount Owed to Traveler, or									\$	
Amount Owed to Tribe Employee must attach check or return cash with this Settlement form.								with	\$	
* If more than one Fund, please break7060 \$7060 \$										
down Total Costs by each Fund Number:7060 \$7060 \$										
Trip Recap - Costs paid separately by the Tribe in addition to costs incurred by traveler:										
TOTAL										
	REGISTRATION HOTEL AIRFARE FEE CHARGES				CAR DENTAL				OTAL COST	
\$	IKFAKE	FEE \$	CHARGES \$		\$		COSTS (ABOVE) \$		OF TRIP	
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Employee Signature Date Manager / Director Date Responsible Accountant Date										