



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)

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

Mileage (# of miles _____ x \$0 _____ (current GSA rate)	Was a GSA Vehicle available? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$ ()
Amount Owed to Traveler, or		\$
Amount Owed to Tribe		\$

* If more than one Fund, please break _____ - -7060 \$ _____ - -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:

AIRFARE	REGISTRATION FEE	HOTEL CHARGES	CAR RENTAL	TOTAL TRAVELER COSTS (ABOVE)	TOTAL COST OF TRIP
\$	\$	\$	\$	\$	\$

 Employee Signature Date Manager / Director Date Responsible Accountant Date