

# BOIS FORTE RESERVATION TRIBAL COUNCIL

## Travel Expense Statement (Attach Invoices/ All Supporting Documents)

Vendor Number/Name \_\_\_\_\_

Program Number/Name: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Mileage

Departure Date/Time	Odometer Reading	From	TO	Odometer Reading	Miles	Arrival Date/Time

Account Name/Number	Invoice	Date	Amount	Description
Air			\$	
Auto Rental			\$	
Auto Mileage			\$	
Hotels			\$	
Meals			\$	
Parking			\$	
Registration Fees			\$	
Taxis			\$	
Telephone			\$	
Other			\$	
<b>Less: Prepaid travel</b>			\$	<b>Ref Ck #:</b>

(Circle One) Amount Due: Claimant / Agency: \$ \_\_\_\_\_

Quarters					
1 <sup>st</sup> Quarter	0000 to 0600				
2 <sup>nd</sup> Quarter	0601 to 1200				
3 <sup>rd</sup> Quarter	1201 to 1800				
4 <sup>th</sup> Quarter	1801 to 2400				

I certify that this statement, the amount claimed and the attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amounts claimed have not been received.

\_\_\_\_\_  
Claimant / Title – Date

\_\_\_\_\_  
Approved / Title - Date