

BOIS FORTE RESERVATION TRIBAL COUNCIL

Request and Authorization for Official Travel

Vendor Number/Name: # _____ / _____

Program Number/Name: # _____ / _____

Purpose of Travel: _____

Itinerary (Show all information, including phone numbers): _____

Begin on or about: _____ End on or about: _____

Mode of Transportation: Rail Air Privately Owned Auto Other
(Specify)

Rate per mile

Remarks: _____

Estimated Costs:

_____ Per Diem Allowance

_____ Lodging

_____ Auto Mileage

_____ Car Rental

\$ _____ - Total Estimated Cost

Pre Paid Travel # _____

I understand that the advance request is for estimated costs and that a Travel Expense Statement shall be completed within one week of official travel. If a Travel Expense is not turned in within one week period, I authorize a Payroll Deduction for the amount of the advance or the unexpended funds.

_____ Date

_____ Approved By _____ Date