



BEAR RIVER BAND OF ROHNERVILLE RANCHERIA
Travel Request and out of county travel expense advance

REQUESTOR/TRAVELER: _____ DEPT. _____ GRANT/PROGRAM: _____

PURPOSE OF REQUEST: _____

TRAVEL DATES: _____ TO _____ LOCATION: _____

OTHER TRAVEL DATES REQUEST: _____ REASON: _____

Method of Travel: Select One

_____ Flight _____ Drive Utilize: _____ Rental Vehicle _____ Own Vehicle _____ Tribal Vehicle _____ GSA Vehicle

REASON FOR TRAVEL: (GIVE COMPLETE DETAIL)

TRAINING WEBSITE: _____

SPECIAL REQUESTS: _____

DEPARTURE TIME REQUEST: (ATTACH FLIGHTS REQUEST) _____

Itemized Anticipated Travel Costs: (examples include: ground transportation or mileage, airfare, lodging, meals & incidentals per Diem, parking, rental vehicle, etc.)

TRIP COSTS GSA per diem rate FY _____	ANTICIPATED EXPENSES (Optional)	ACTUAL CLAIM (Required)	CONFIRMED (Travel Coordinator)
TRANSPORATION			
Mileage Round Trip: _____ miles X \$ _____/mile			
Airport Mileage Round Trip: _____ miles X \$ _____/mile			
Airfare (DOB ___/___/___)			
Vehicle rental			
Taxi & Shuttle			
Tolls & Parking (\$_____/day)			
Other			
Subtotal Transportation	\$	\$	



TRIP COSTS	ANTICIPATED EXPENSES (Optional)	ACTUAL CLAIM (Required)	CONFIRMED (Travel Coordinator)
LODGING (Hotel Name) Lodging \$ _____ x _____ # nights			
Hotel Parking			
Other			
Subtotal Lodging	\$	\$	
M&IE: 1st/Last Travel \$ _____ Overnight Travel \$ _____			
MEALS (GSA Overnight Rate)			
MEALS (GSA 1st/last Rate)			
Subtotal Meals	\$	\$	
MISCELLANEOUS			
Luggage			
Training Registration			
Subtotal Miscellaneous	\$	\$	
TOTALS	\$		

Travel arrangements will comply with Travel Policy and GSA guidelines and verified least cost models of travel.

Instructions: The following materials must accompany this application and be received by Executive Director of Tribal Operations office at least **three weeks** prior to your departure date.

- **This form with your signature and your supervisor’s signature.**
- **A copy of the program/agenda for this conference and/or training.**
- **Any required documentation to back request.**

Do not consider travel request approved until received notification via email from Executive Director of Tribal Operations and/or Travel Coordinator.

Traveler Signature

Date

Supervisor Authorization Signature

Date

Executive Director of Tribal Government
Operations/Chairman/Council
Authorization Signature

Date