KARUK TRIBE

Travel Advance/Reimbursement Request

Employees Name: _____ **Destination:** _____

Departure Date: _____ Time: _____ **Return Date:** _____ Time: _____

Program Charged: _____ **Account:** _____

Description & Purpose of Travel: _____

☐ Available on Site ☐ **Yes** ☐ **No**

**** CHECK ITEMS NEEDED ****

		ADVANCE	RECEIPTS	DUE TO FROM
☐ Other Locations	**Yes** ☐ No			
☐ **PERDIEM:** X				
No. of Quarters Rate				
☐ **LODGING:** X				
No. of Nights Rate				

☐ **Check this box if you DO NOT have a Tribal Credit Card or Personal Credit/Debit Card. (Needed to determine lodging deposit**

☐ **MILEAGE:** X			
No. of Miles			

Tribal Vehicle ☐ **Personal Vehicle** ☐

	FROM:	TO:	
☐ Registration	$ -		
Submitted **Yes** ☐ **No** ☐			
☐ Offered Virtually ☐ ☐			
☐ Airfare: (If yes, which airport?)	$ -		
☐ Baggage	$ -		
☐ Shuttle/Taxi/Tolls:	$ -		
☐ Gasoline:	$ -		
☐ Parking:			
☐ Other:	$ -		
TOTAL:			

I certify that the estimated costs are reasonable and needed to conduct program activities. In the event I fail to complete this travel or if I terminate employment, I authorize the Karuk Tribe to deduct **actual** costs of this travel from any monies due me at termination of employment. I also certify that any travel for which I have requested an advance/reimbursement was completed as outlined above **I authorize the Karuk Tribe to deduct from my payroll check any part of this advance not substantiated by original receipts within 10 business days of my return from this trip.**

Traveler: _____ **Date:** _____

***** TRAVEL WILL NOT BE PROCESSED WITHOUT THIS SECTION COMPLETED *****

Is this travel reimbursable by another agency? Yes No

If yes, which agency? _____

Contract modification required? Yes No

***** MANDATORY AUTHORIZATIONS *****

Supervisor Approval: _____ **Date:** _____

Program Director (if different): _____ **Date:** _____

Tribal Chairman Approval: _____ **Date:** _____

Revised 5.7.2014