



Pahin Sinte Owayawa



TRAVEL AUTHORIZATION

Travelers Name: \_\_\_\_\_ Date: \_\_\_\_\_

Destination To: \_\_\_\_\_ From: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

Account: \_\_\_\_\_

ESTIMATED EXPENSES:

Mileage:

Personal Vehicle: \_\_\_\_\_ Miles @ \_\_\_\_\_ Per Mile Total: \_\_\_\_\_

Taxi, Limo, Etc.: \_\_\_\_\_ Total: \_\_\_\_\_

Car Rental/ Parking: \_\_\_\_\_ Total: \_\_\_\_\_

Airfare: \_\_\_\_\_ Total: \_\_\_\_\_

Per Diem:

Lodging: \$ \_\_\_\_\_ a night Number of night(s): \_\_\_\_\_ Total: \_\_\_\_\_

Meals: # of Breakfasts: \_\_\_\_\_ @ \_\_\_\_\_ ea.

# of Lunches: \_\_\_\_\_ @ \_\_\_\_\_ ea.

# of Dinners: \_\_\_\_\_ @ \_\_\_\_\_ ea.

# of Incidentals: \_\_\_\_\_ @ \_\_\_\_\_ ea. Total: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Total: \_\_\_\_\_

ADVANCE AMOUNT: \$ \_\_\_\_\_

Travel advances will not be issued for anyone with outstanding travel reports. I understand that I have two weeks upon my return to fill out the travel report with all my receipts attached, which include (lodging and registration). If I do not turn in a travel report with all my required receipts attached, within two weeks, the travel advanced will be deducted from my payroll check or stipend.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_