

HUALAPAI TRIBAL COUNCIL
P O BOX 179
941 HUALAPAI WAY
PEACH SPRINGS, AZ 86434
(928) 769-2216

TRAVEL AUTHORIZATION FORM

Name of Traveler: _____ is authorized to travel on behalf of the Hualapai Tribe/Tribal Grants & Contracts for performance of work related functions and responsibilities.

Location: _____

Purpose: _____

Program to be Charged: _____

Departure: Date: _____ Time: _____ AM/PM

Return: Date: _____ Time: _____ AM/PM

A travel advance for the following is approved:

Motel (exact room rate & tax) \$ _____

Per Diem:
In State (quarters) _____ X \$11.25 \$ _____

Out of State (quarters) _____ X \$15.00 \$ _____

Mileage @ \$.585 per mile \$ _____

Registration Fee \$ _____

Gas for Tribal Vehicle \$ _____

Other Expense _____ (specify) \$ _____

TOTAL AMOUNT: \$ _____

Traveler's Signature: _____

Program Director's Signature: _____

Expense claims must be submitted to the Accounting Department within 3 days after your return from travel or your next travel will not be processed. Thank you.

HUALAPAI TRIBAL ADMINISTRATION
TRAVEL EXPENSE CLAIM

NAME OF TRAVELER: _____
ASSIGNMENT/LOCATION: _____
PURPOSE: _____

DEPARTURE DATE: _____ TIME: _____
RETURN DATE: _____ TIME: _____

PRIVATE AUTOMOBILE:

BEGINNING MILEAGE: _____
ENDING MILEAGE: _____
TOTAL MILEAGE CLAIMED: _____

EXPENSE RECAP:

- A) PER DIEM: _____
MEALS: _____ QUARTERS @ _____ \$ _____
- B) MILEAGE: _____ MILES @ _____ CENTS PER MILE \$ _____
- C) LODGING: \$ _____
- D) CARRIER TRANSPORTATION: \$ _____
- E) GAS FOR TRIBAL VEHICLE: \$ _____
- F) REGISTRATION: \$ _____
- H) BUSINESS CALLS: \$ _____
- I) OTHER VALID EXPENSE: _____ \$ _____

TOTAL TRAVEL EXPENSE: \$ _____

TRAVEL ADVANCE RECEIVED: _____ YES _____ NO
AMOUNT RECEIVED: \$ _____

NET AMOUNT DUE TO TRAVELER: \$ _____
NET AMOUNT DUE TO _____ PROGRAM \$ _____

SIGNATURE OF TRAVELER

DATE

SIGNATURE OF ACCOUNTANT

DATE