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 _______________