

**KARUK TRIBE**  
**Travel Advance/Reimbursement Request**

**Employees Name:** \_\_\_\_\_ **Destination:** \_\_\_\_\_  
**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Program Charged:** \_\_\_\_\_ **Account:** \_\_\_\_\_  
**Description & Purpose of Travel:** \_\_\_\_\_

**\*\* CHECK ITEMS NEEDED \*\***

	ADVANCE	RECEIPTS	DUE TO FROM
<input type="checkbox"/> <b>PERDIEM:</b> X \$ -	\$ -		
No. of Quarters                  Rate			

<input type="checkbox"/> <b>LODGING:</b> 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)

<input type="checkbox"/> <b>MILEAGE:</b> X	-		
No. of Miles			

**Tribal Vehicle**     **Personal Vehicle**   

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**OTHER:**

Registration  
**Submitted**    Yes                   No

Airfare: (If yes, which airport?)

Baggage

Shuttle/Taxi/Tolls:

Gasoline:

Parking:

Other:

\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
\$ -			
<b>TOTAL:</b>	-		

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:** \_\_\_\_\_