

Travel Authorization / Advance Form

Date Submitted: _____
 Traveler's Name: _____
 Name of Training: _____
 Location: _____
 Departure Date & Time: _____

Travel #: TR22- _____
 Fund: _____
 Department: _____
 Fiscal Year/GL Code: _____
 Return Date & Time: _____

| | | | RECONCILIATION (Finance Dept Usage) | | | | | | | | | | | | | | | | | |
|--|---------------|------------------|-------------------------------------|---------------------------|--|----------------|---------------|--|---------|--|---|---------------|--|---------|--|---|--|--|--|--|
| | | | ADVANCE | LESS RECEIPTS | = BALANCE | | | | | | | | | | | | | | | |
| Transportation: www.gsa.gov | | | | | | | | | | | | | | | | | | | | |
| Mileage: _____ X _____ = _____ <small>Round trip Rate (see travel policy for rate to use)</small> | - | | | | Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Tribal/Clinic Vehicle: _____ Chevron Fuel Card: _____ | Yes No | | | | Date Received: _____ (Receipts due within 5 days upon return) | | | | | | | | | | | | | | | |
| Cost For Car Rental: _____ Name of Car Rental: _____ Confirmation #: _____ | | | | | Chevron Fuel Card Returned: Yes No Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Lodging: www.gsa.gov GSA Rate: _____ | | | | | Any Lodging Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Name of Hotel: _____ Conformation: _____ Block Rate: _____ Reserved By: _____ | | | | | Stayed All Nights: Yes No | | | | | | | | | | | | | | | |
| Calculations: Room Rate _____ Taxes _____ Other Costs _____ Per Night _____ _____ X _____ = _____ <small>Per Night # Nights Total Lodging</small> | - | | | | Receipt \$ = _____ | | | | | | | | | | | | | | | |
| Lodging: www.gsa.gov GSA Rate: _____ | | | | | Any Lodging Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Name of Hotel: _____ Conformation: _____ Block Rate: _____ Reserved By: _____ | | | | | Stayed All Nights: Yes No | | | | | | | | | | | | | | | |
| Calculations: Room Rate _____ Taxes _____ Other Costs _____ Per Night _____ _____ X _____ = _____ <small>Per Night # Nights Total Lodging</small> | - | | | | Receipt \$ = _____ | | | | | | | | | | | | | | | |
| Per Diem: (Per GSA Rates) | | | | | Stayed All Nights: Yes No | | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <td style="width:20%;"></td> <td style="width:15%; text-align:center;">Amount</td> <td style="width:15%; text-align:center;"># Days on Travel</td> <td style="width:15%; text-align:center;">Per Diem Amounts</td> <td style="width:15%;"></td> </tr> <tr> <td>M&IE Full Day:</td> <td align="center">_____ X _____</td> <td></td> <td align="center">= _____</td> <td></td> </tr> <tr> <td>M&IE 1st & Last Day: <small>(75% of Full Day Rate)</small></td> <td align="center">_____ X _____</td> <td></td> <td align="center">= _____</td> <td></td> </tr> </table> | | Amount | # Days on Travel | Per Diem Amounts | | M&IE Full Day: | _____ X _____ | | = _____ | | M&IE 1st & Last Day: <small>(75% of Full Day Rate)</small> | _____ X _____ | | = _____ | | - | | | | If No: \$ Per Full Day _____ Days Not Stayed _____ _____ X _____ = _____ |
| | Amount | # Days on Travel | Per Diem Amounts | | | | | | | | | | | | | | | | | |
| M&IE Full Day: | _____ X _____ | | = _____ | | | | | | | | | | | | | | | | | |
| M&IE 1st & Last Day: <small>(75% of Full Day Rate)</small> | _____ X _____ | | = _____ | | | | | | | | | | | | | | | | | |
| Other Costs: | | | | | Any Other Cost Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Airfare Costs: _____ | | | | | | | | | | | | | | | | | | | | |
| Baggage Costs: _____ X _____ = \$ _____ <small>1 Baggage Ways (1 or 2) Total Baggage</small> | | | | | | | | | | | | | | | | | | | | |
| Taxi: _____ X _____ = \$ _____ est. | | | | | | | | | | | | | | | | | | | | |
| Bus/Shuttle: _____ X _____ = \$ _____ | | | | | | | | | | | | | | | | | | | | |
| Parking: _____ X _____ = \$ _____ est. | | | | | | | | | | | | | | | | | | | | |
| Bridge/Driving Tolls: _____ X _____ = \$ _____ | | | | | | | | | | | | | | | | | | | | |
| Registration Fees: Yes No | | | | | Any Registration Receipts Needed: Yes No | | | | | | | | | | | | | | | |
| Payable To: _____ Address: _____ City/State/Zip: _____ Paid w/CK#: _____ | | | | | Proof of Attendance Turned In: Yes No | | | | | | | | | | | | | | | |
| Other Funding Source: YES NO | | | | | Travel Report Yes | | | | | | | | | | | | | | | |
| Name of Organization: _____ | | | | | | | | | | | | | | | | | | | | |
| TOTAL COST OF TRAVEL/TRAINING | | | Total Advance | Total Credit/Check | | | | | | | | | | | | | | | | |
| Supervisor Signature _____ | | | | | | | | | | | | | | | | | | | | |
| Authorization to Travel: Tribal or Health Administrator/ Chairperson | | | | | | | | | | | | | | | | | | | | |
| | | | | | Total Due to Traveler: _____ | | | | | | | | | | | | | | | |
| | | | | | Total Due to QVIR: _____ | | | | | | | | | | | | | | | |

In the event, I fail to either complete this travel or my employment is terminated within 30 days of this this travel, I authorized the QVIR to deduct the reconciled amounts if any due to QVIR. By Signing the travel information form, you are agreeing to abide by the QVIR Travel Policy.

Traveler's Signature: _____

Date _____