



INTERTRIBAL BUFFALO COUNCIL

Staff Travel Reconciliation



Traveler's Name: _____

Today's Date: _____

Destination: _____

Purpose: _____

Date of Departure: _____

Time of Departure: _____ AM/PM

Date of Return: _____

Time of Return: _____ AM/PM

Employee: Typed Travel Narrative Report Must Be Attached

ITEMIZATION OF EXPENSES:

	TRAVEL ADVANCE RECEIVED	ACTUAL CASH EXPENSES	DIFFERENCE	*CREDIT CARD CHARGES
Mileage: <u> .56 </u> (miles) x _____ a mile	\$ _____	\$ _____	\$ _____	\$ _____
ODOMETER READING: Beginning: _____ Ending: _____ Total Miles: _____				(Gas, misc. to CC)
Per Diem: _____ Quarters x \$ _____ Per Quarter	\$ _____	\$ _____	\$ _____	\$ _____
				(Meals to CC)
*Air Fare	\$ _____	\$ _____	\$ _____	\$ _____
*Lodging	\$ _____	\$ _____	\$ _____	\$ _____
*Taxi:	\$ _____	\$ _____	\$ _____	\$ _____
*Parking	\$ _____	\$ _____	\$ _____	\$ _____
*Telephone	\$ _____	\$ _____	\$ _____	\$ _____
*Car Rental	\$ _____	\$ _____	\$ _____	\$ _____
*Gas-Rental:	\$ _____	\$ _____	\$ _____	\$ _____
*Other:	\$ _____	\$ _____	\$ _____	\$ _____
*Other:	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	\$ _____	\$ _____	\$ _____

• INDICATES THAT RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

• Credit Card receipts for any and all charges required

By signature below, I certify that all of the above information is correct.

Signed: _____ Approved: _____
 Traveler Date Executive Director Date

Refund owed to traveler: \$ _____ Paid - Check Number: _____

Reimbursement owed to ITBC: \$ _____ Paid - Receipt: _____

Account # _____ Travel Narrative Report Attached Yes _____ No _____

Reconciled to T.A. # _____ Fiscal Director _____



ITBC STAFF TRAVEL ADVANCE REQUISITION REQUEST

Employee: _____ Date: _____

Purpose of Travel: _____

- Workshop Trainer
- Attend Educational Seminar/Training
- Technical Assistance / Grant Objectives (Identify)
- Board travel / Committee Travel
- Other – please explain _____

Destination: Traveling From: _____ To: _____

Date of Departure: _____ Time of Departure: _____ AM / PM

Date of Return: _____ Time of Return: _____ AM / PM

Is there any cost sharing in this engagement to off set ITBC costs, etc.? Yes ___ No ___

Mode of Travel:

- Driving
- Rental Car
- Air Travel
- Other _____

Computation for Per Diem: Maximum Allowable Daily Per Diem Rate: \$ _____ / \$ _____ per quarter

Day 1: ___ qtrs. Day 2: ___ qtrs. Day 3: ___ qtrs. Day 4: ___ qtrs. Day 5: ___ qtrs. Day 6: ___ qtrs. Day 7: ___ qtrs.

Day 8: ___ qtrs. Day 9: ___ qtrs. Day 10: ___ qtrs. Total Quarters: _____ x \$ _____ / quarter = \$ _____

Computation For Mileage: Estimated Mileage for Travel: _____ x \$ 0.575 = Mileage Advance Requested:

\$ _____

Please keep track of odometer reading at beginning and end of trip and include on travel reconciliation report.

ADVANCE REQUEST

Mileage: _____ Miles x .54	\$ _____
Per Diem: _____ Quarters X \$ _____ per quarter	\$ _____
* Taxi: _____	\$ _____
* Parking _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
TOTAL EXPENSES REQUESTED	\$ _____

I certify that all information listed is correct.

Signed: _____
Traveler

Date: _____

Approved: _____
ITBC Executive Director

Date: _____

*ACTUAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT

CERTIFICATION: In utilizing ITBC vehicle for travel I hereby certify that the ITBC vehicle will be used for OFFICIAL BUSINESS ONLY. I further certify that I have a valid South Dakota driver's license and will inform ITBC of any restrictions that may apply prior to utilizing ITBC vehicle.

Employee Signature: _____ Date: _____

ALL RELEVANT SUPPORTING DOCUMENTATION (Required)

- Invite letter
- Meeting Agenda
- Email communication / Fax communication
- Other: _____
- Directive from Executive Committee Member, Supervisor, Executive Director or designee Other

Supervisor's Signature: _____ Date: _____

Fiscal Director's Signature: _____ Date: _____

Account Charged To: _____

Executive Director: _____ Approved: _____ Disapproved: _____ Date: _____

Signature: _____