



InterTribal Buffalo Council BOARD OF DIRECTOR TRAVEL RECONCILIATION

Traveler's Name: _____

Today's Date: _____

Tribe Representing: _____

Purpose: _____

Destination: _____

Please circle AM or PM

Date of Departure: _____

Time of Departure: _____ AM/PM

Date of Return: _____

Time of Return: _____ AM/PM

Who should travel expenses be reimbursed to? _____ Self _____ Tribe

(Please check one)

Address to send reimbursement to: _____

ITEMIZATION OF EXPENSES:

	ITBC ADVANCE	ACTUAL	DIFFERENCE
Mileage: _____ Miles @ .55 a mile	\$ _____	\$ _____	\$ _____
<p style="margin: 0;">ODOMETER READING: Beginning: _____ Ending: _____ = Total Miles: _____</p>			
Per Diem: _____ Quarters @\$ _____ per quarter	\$ _____	\$ _____	\$ _____
* Air Fare	\$ _____	\$ _____	\$ _____
* Lodging	\$ _____	\$ _____	\$ _____
* Taxi:	\$ _____	\$ _____	\$ _____
* Parking	\$ _____	\$ _____	\$ _____
*Other: _____	\$ _____	\$ _____	\$ _____
*Other: _____	\$ _____	\$ _____	\$ _____
 TOTAL EXPENSES:	 \$ _____	 \$ _____	 \$ _____

ITBC Check # _____

ALL ITEMS WITH "*" REQUIRE SUBMITTAL OF RECEIPTS IN ORDER TO BE REIMBURSED

I certify that all of the above information is correct. Signed: _____ Date: _____

Approved: _____ Date: _____

ITBC OFFICE USE ONLY

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

Reimbursement owed to ITBC: \$ _____ Paid Receipt: _____ Reconciled to Travel Advance # _____

Travel Narrative Attached Yes _____ No _____ Account # _____

Fiscal Director: _____ Date Mailed: _____ Date of Overnight Delivery: _____