

LEECH LAKE BAND OF OJIBWE TRAVEL AUTHORIZATION FORM		1. AUTHORIZATION NUMBER (ENTERED BY A/R STAFF)	
2. TRAVELER (full legal name)	3. JOB TITLE	4. LLBO VENDOR NUMBER	
5. PROGRAM NAME	6. DIVISION NAME	7. CONTACT PHONE OR E-MAIL	
8. CITY NAME OF DESTINATION		9. STATE NAME OF DESTINATION	
10. TRAVEL START DATE	11. TRAVEL START TIME	12. TRAVEL END DATE	13. TRAVEL END TIME

14. TRAVEL PURPOSE (check only one)  Conference – Other than training  Training  
 Other (specify below) \_\_\_\_\_

15. Conference/Training Title (if no title, enter brief reason for travel)  
 \_\_\_\_\_  
 \_\_\_\_\_

16. MODE OF TRANSPORTATION (CHECK ALL THAT APPLY)

Air  Rail  Rental Car (justify below)  LLROV  
 Taxi  Other (Specify) \_\_\_\_\_

POV (Check one)  I have sought a vehicle from Fleet there is not a vehicle available (attach Fleet paperwork)

I have not sought a vehicle from Fleet; I acknowledge that mileage will be paid at a lower rate

Estimate of miles (attach map quest print out) \_\_\_\_\_ Rate per mile \$\_\_\_\_\_

<http://www.gsa.gov/mileage>

17. JUSTIFICATION FOR RENTAL CAR:  
 \_\_\_\_\_  
 \_\_\_\_\_

18. LODGING (enter estimated cost, incl. taxes) \$ \_\_\_\_\_  
 (complete and attach Travel Reservation Form)

Budgetary Approval \_\_\_\_\_

19. Per Diem (enter total from calculation page) \$ \_\_\_\_\_

Program Accountant Signature

20. Other (specified on calculation page) \$ \_\_\_\_\_

Division - Program – IDC - line number

21. Travel Cost sub-total \$ \_\_\_\_\_

\_\_\_\_\_ 50543

22. Mileage estimate (if value is > \$750.00, enter \$750.00) \$ \_\_\_\_\_

\_\_\_\_\_ 50544

23. Total Travel Advance requested \$ \_\_\_\_\_

(advance payment creates a receivable, to be expensed upon close out)

\_\_\_\_\_  
 Traveler Signature Date

\_\_\_\_\_  
 Division Director Signature Date

\_\_\_\_\_  
 Supervisor Signature Date

\_\_\_\_\_  
 Executive/Deputy Director Signature Date

\_\_\_\_\_  
 Tribal Council Signature Date

\_\_\_\_\_  
 Tribal Council Signature Date

\_\_\_\_\_  
 Tribal Council Signature Date

**(THREE TRIBAL COUNCIL SIGNATURES REQUIRED FOR OUT-OF-STATE TRAVEL)**



**LEECH LAKE BAND OF OJIBWE  
TRAVEL ADVANCE CALCULATION WORKSHEET**

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

Contact the hotel that lodging will be booked at and get a cost estimate, including taxes, for your stay. Enter that amount on the line above; if the amount should differ when reservation is made, A/R staff will adjust accordingly. If the traveler opts to book own room reservation, attach reservation confirmation.

**PER DIEM:**

Beginning date of travel: \_\_\_\_\_ Ending date of travel: \_\_\_\_\_

Beginning time of travel: \_\_\_\_\_ Ending time of travel: \_\_\_\_\_

Daily per diem rate for destination: \_\_\_\_\_ <http://www.gsa.gov/perdiem>

Quarterly per diem rate: \_\_\_\_\_

Use the current rate on the above website, type in the city of destination to get the correct per diem rate. If there should be more than one option, perform a search to see which county the city of destination is located to better identify the rate. Per diem is only allowed if the travel is scheduled to be more than 12 hours. If the travel is more than 12 hours and less than 24 hours in duration, 3 quarters are allowed. Otherwise, the allowance is 3 quarters the first day, 3 quarters the last day and 4 quarters for each day in between. Please attach copy of agenda or itinerary of event traveler intends to attend.

Number of quarters for the trip: \_\_\_\_\_ **Total per diem for trip:** \_\_\_\_\_

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

The Other travel expense includes but not limited to the following: luggage, cab fare, parking fees, toll charges, food allowance for individuals being chaperoned on trip, etc. Funds will not be advanced for car rentals or airline/rail tickets, these expenses will be claimed on the Travel Close-Out Form. Identify each cost in the section below with the estimated cost for each item.

Item: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Item: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

\_\_\_\_\_  
**Travel Sub-Total**



## LEECH LAKE BAND OF OJIBWE TRAVEL PAYBACK AGREEMENT

The Leech Lake Reservation Tribal Council requires at the time of receipt of travel advance funds that each employee execute a payroll deduction agreement providing that 100% of the amount of the travel advance be repaid after two payroll periods have passed following receipt of the travel advance in the event the travel closeout is not completed within this period. Note: closeouts are not accepted for employees that do not attend training.

The only exception will be in such cases where the travel advance exceeds 50% of payroll amount, after taxes. Then the travel advance may require more than one deduction.

The payback agreement will be used to repay LLBO for any outstanding balance accrued on this travel advance. Payment will be scheduled two payroll periods after due date of close out. LLBO will not pursue collections of outstanding travel balances more than one hundred twenty (120) days after receipt of close out. Travelers have the option of paying full balance due to LLBO with the Cash Management Team in Accounting.

Hotel reservations made with corporate credit card are for holding purposes only. Charges incurred on corporate credit card will be deducted in full from the first paycheck following the occurrence of the charge to the corporate credit card. A charge includes but not limited to room reservations not cancelled and stays.

Any amount due for canceled airfare will be deducted from the first paycheck following the realization of balance due to LLBO, this may take up to one (1) year from initial booking of airfare.

I, \_\_\_\_\_ agree to the above statement and clarification.  
(Print Name)

Deduction will be going to payback travel advance # \_\_\_\_\_

**Maximum amount to be deducted:**

(Total) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Payroll Number

\_\_\_\_\_  
A/R authorizing signature

\_\_\_\_\_  
Date