



LEECH LAKE BAND OF OJIBWE TRAVEL CLOSE OUT FORM

DISCLAIMER: I certify this closeout form is true and correct to best of my knowledge and belief, and that payment or credit has not been received by me. I have [] - have not [] sought a reimbursement from another agency.

Traveler Name (printed) _____

Traveler Signature and Date _____

Division Director Signature and Date _____

Program Account # _____ all travel expenses claimed must have supportive receipts. Approved travel is charged to program line item 50543. POV mileage claim is charged to program mileage line item 50544. Please include copy of approved Travel Authorization with your travel close out.

Date	Time	City Departed From /Travel City / City Returned to	Daily Lodging	Daily Per diem
Totals				

Date	Transit or Taxi	Parking or Toll	Car Rental	Luggage	Other
Totals					

Date	Begin Odometer	End Odometer	Total Miles	Total Paid at /mile
Totals				

50543 Lodging Expense		50543 Per-Diem Expense	
50544 Mileage Expense		50543 Other Travel Expense	

Sub-Total Amount: _____

A/R Signature/Date: _____

Advanced Travel: _____

A/R Invoice #: _____

Total due: [] Traveler [] LLBO _____

Per Diem & Quarters: _____

if amount due is less than \$10.00, payment or collection
will not be processed

Travel Authorization #: _____

Vendor # _____ Customer # _____

Travel Advance not issued
(circle if applicable)

Deputy/Executive Director Signature/Date: _____