



## LEECH LAKE BAND OF OJIBWE Travel Reservation Form

Dates of Travel: \_\_\_\_\_ Requested by: \_\_\_\_\_

Requestor's contact info (phone/e-mail): \_\_\_\_\_

**Traveler's Full Legal Name** (as it appears on the government issued form of identification):

\_\_\_\_\_

**Traveler's birth date** (necessary for flight reservations): \_\_\_\_\_

### Lodging

Confirmation Number: \_\_\_\_\_ Total Cost (incl. taxes): \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Direct Phone Number: \_\_\_\_\_

Hotel Street Address: \_\_\_\_\_

Room Block Code (if applicable): \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_

Type of Room: \_\_\_\_\_ Queen \_\_\_\_\_ King \_\_\_\_\_ Smoking \_\_\_\_\_ Non-Smoking

### Flights

Confirmation Number: \_\_\_\_\_ Total Cost: \_\_\_\_\_

#### **Initial Flight Arrangements (please specify the airport; some cities have more than one):**

City, State of Departure: \_\_\_\_\_

Start date and time of conference: \_\_\_\_\_

City, State of Destination: \_\_\_\_\_

#### **Return Flight Arrangements (please specify the airport; some cities have more than one):**

City, State of Departure: \_\_\_\_\_

End date and time of conference: \_\_\_\_\_

City, State of Destination: \_\_\_\_\_

**\*\*A/R Staff will look for flights that are time efficient and cost effective, traveler or representative must meet with A/R Staff to review available flights, this may affect dates of travel. Dates of travel are firm after travel request is approved.**

Mode of Transportation from Airport to Hotel and back:

\_\_\_\_\_ Shuttle \_\_\_\_\_ Taxi \_\_\_\_\_ Other Estimated Cost: \_\_\_\_\_

Does your travel arrangements include use of POV? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" is selected copy of Driver's License and Proof of Insurance **must** be included.

**\*\*Shaded areas are completed by A/R Staff upon completion of booking.**

**Form must be completed for requested reservations to be completed by the Travel Department**

updated 1/26/2017