



Red Lake Nation College  
Travel authorization/ Reconciliation

Travel Authorization		Travel Reconciliation	
Name:	TA#	Name:	TA#:
Social Security#:	Date:	Department:	Date:
Department:	Account:	Paid out of Account:	
Dates Of Travel: Begin: End: Travel Destination: Purpose of Travel:	Time: Time:	Period of Travel: Start Date: End Date: Travel Destination Purpose of Travel	Time: Time:
Mode of Travel: Air ( ) POV ( ) Tribal Vehicle ( ) Program Van ( ) Rental Car Request ( ) Passenger ( ) Airfare Amount \$ _____ Government or Excursion (circle one)			
Per Diem Allowance: Per diem rates shall be paid for lodging, meals, and incidental expenses at the latest approved Travel Regulations. All Receipts for Hotel, Taxis, Shuttle, or other expenses occurring while on travel must be submitted with your reconciliation to Travel Coordinator. * A letter of justification must be submitted for use of a rental car.			
Travel Authorization		Travel Reconciliation	
Days of Travel _____		Cost Claimed for Reimbursement	Advanced \$ - Actual Amount - Difference
Per Diem Meals: \$ _____ Acct Code _____		Meals-Travel Days _____ Rate _____ \$ _____ \$ _____ \$ _____ Acct. Code _____	
Per Diem Lodging _____ Acct. Code _____		Lodging-Lodging Days _____ Rate _____ \$ _____ \$ _____ \$ _____ Acct. Code _____	
Mileage _____ Acct. Code _____		Mileage- Actual Miles Driven _____ Rate _____ \$ _____ \$ _____ \$ _____ Acct. Code _____	
		Hotel room Tax \$ _____ \$ _____ \$ _____	
Other: _____ \$ _____		Other- Description _____ \$ _____ \$ _____ \$ _____	
Total \$ _____		Total Cost Claimed \$ _____ \$ _____ \$ _____	

Balance Due To/ From Traveler \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dan King, President Red Lake Nation College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shieleen Omen, Executive Assistant to President (Travel Coordinator)

\_\_\_\_\_  
Date