



Caddo Nation of Oklahoma

P.O. Box 487 | Binger, OK 73009
 P (405)345-9861 | F (405)656-2892

TRAVEL AUTHORIZATION

Name						Date	
Program						Total Estimated Cost	
Purpose of Travel							
Line Item #							
Leave From		To		Date		Time	
Return From		To		Date		Time	

Advanced Cost Estimate Breakdown

Per Diem		Air fare		Transportation	Hotel		Mileage	
# Qtrs		Airline			Hotel Cost		# Miles	
Price / Qtr					Inc Deposit		Mileage Rate	

I authorize the Caddo Nation finance department to deduct the full amount of this request from any monies due to me (wages, local travel, meeting fees, etc.) If travel expense report is not filed within five (5) working days from the date of return.

Traveler Signature: _____ Date: _____

Director Signature: _____ Date: _____

Tribal Administrator Signature: _____ Date: _____

FOR TRAVEL DEPARTMENT USE ONLY

Travel and Expense Report Actual Costs of Breakdown

Per Diem		Other Travel				Mileage	
Attach Lodging Receipts		Attach Receipts					
# Qtrs		Air Fare		Tolls		Odometer Start	
MI&E		Taxi		Parking		Odometer End	
Hotel		Shuttle				# Miles	
Per Diem From		Bus		Bags		Mileage Rate	
Per Diem To		Car		Other			
OTHER TRAVEL TOTAL							
						MILEAGE TOTAL	

Travel Reconciliation

I certify that the amounts claimed herein are true and actual expenses incurred in the performance of my job duty.

Traveler Signature: _____	Date: _____	Amount Advanced	
Director Signature: _____	Date: _____	Less this Claim	
		Balance Due	
		Traveler	Tribe
Tribal Administrator Signature: _____	Date: _____	Check #	Amount