

NTEC-WRAP Tribal Travel Authorization Request

TO: Ken Cronin, WRAP Coordinator/Bobby Shade, Business Manager **Fax:** (505) 242-2654

FROM: _____ **Tribe/Organization:** _____

PURPOSE OF PROPOSED TRAVEL:

- WRAP Board Meeting
- Tribal Caucus Meeting
- Forum Meeting (Specify: _____)
- Committee Meeting (Specify: _____)
- Workgroup Meeting (Specify: _____)
- Other: (Describe: _____)

YOUR STATUS:

- Partner? Yes No
- Member? Yes No
- Member? Yes No
- Member? Yes No
- Member? Yes No
- Member? Yes No

DATE:	DEPARTING FROM:	TIME:	ARRIVING AT:	TIME:
_____	_____	_____	_____	_____

M & IE	M & IE Rate _____ divided by 4 = \$ _____ per quarter x 2 (# of qtrs) = _____	100% M& IE: \$ _____	
	minus cost of meals provided by host: _____		
	TOTAL M & IE	\$ _____	-

LODGING	(Tax Rate: _____)		
Room Rate: _____	+ tax: _____ = _____	Lodging x _____	nights stay = \$ _____
Hotel: _____	Address: _____	Confirm. # _____	Phone #: _____

AIR TRAVEL	Airline: _____	Confirmation #: _____	Airfare: _____
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VEHICLE RENTAL	Company _____	Confirmation #: _____	Cost: _____
Reason for renting: _____			

COMMON EXPENSES	POV Mileage to/from airport: _____ miles x \$0.445 = _____	Airport Shuttle: _____	Airport Parking: _____
			\$ _____

OTHER: (Please explain)	_____	Cost: _____	
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TOTAL REQUEST: \$ _____ -

I understand that all travel expenses must be reasonable and prudent, not to exceed those allowed by federal policy. I also understand that I am required to submit a trip report upon completion of travel, for the purpose of informing other interested tribes of the work of the body whose meeting I attended.

Traveler's Signature

Name: _____
 Tribe/Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ FAX#: _____ E-Mail: _____

FOR NTEC USE:

Your request for travel assistance has been: Approved Disapproved by: _____ (signature)

Your Travel Authorization Number is: _____

Please attach a copy of this authorization to your request for reimbursement. Thank you.



WRAP Travel Reimbursement Form for Tribal Representatives

GENERAL INFORMATION

Travel Authorization #: _____

Name: _____ Tribe/Organization: _____

Purpose of Trip: _____

Travel	DATE:	DEPARTING FROM:	TIME:	ARRIVING AT:	TIME:
Dates/Times:	_____	_____	_____	_____	_____
(Actual)	_____	_____	_____	_____	_____

TRAVEL EXPENSES

	Rate	# of days	Meals provided by host	Actual Expenses
Per Diem:	_____ x	_____	-	\$ -
Airfare:				\$ -
Lodging:				\$ -
Rental Car:				\$ -
POV Mileage:		_____ miles x	\$0.445 =	\$ -
Taxi:				\$ -
Airport Shuttle:				\$ -
Airport Parking:				\$ -
Other (<i>Explain</i>):				\$ -
			Total:	\$ -

Actual costs vs. Estimated Costs. Actual costs are: _____ lower than estimated costs

CHECK PAYABLE TO:

Name: _____
 Tribe/Org. _____
 Address: _____
 City: _____ State: _____ Zip: _____ Signature _____ Date _____

COMMENTS:

Please mail this form, a Trip Report and all receipts to:

National Tribal Environmental Council
 ATTN: Bobby Shade, Business Manager
 2501 Rio Grande Blvd NW, Suite B
 Albuquerque, NM 87104
 505-242-2175 x 102 for questions
FAX: 505-242-2654

**National Tribal Environmental Council
WRAP Trip Report**

Name: _____ Tribe/Organization: _____

Purpose of Trip: _____
 WRAP Board Partner Tribal Co-Chair Member Just Visiting

Dates of Travel: Beginning: _____ End: _____

Trip Destination: _____

Brief Summary of Meeting:

Are there any projects/activities/documents in this Forum/Committee/Workgroup that the tribes should be paying particular attention to?

Were you assigned any action items at this meeting? If so, please list below:

Item:	Due Date:
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Traveler: _____
Date