



Penobscot Nation

Submitting a Request for Travel Advance

When to submit a request for a travel advance

- Travel advances are required for all non-local. This is any overnight travel or travel that exceeds 10 hours. This also includes any travel that may be paid for by an outside organization as the form also serves as an Authorization to travel.
- Travel advances are given to Penobscot Nation employees only.
- If you need extra travel advance forms, you can call the Finance Office and either pick them up or we can put them in interoffice mail for you.
- They should be submitted to the Finance Office with your departments weekly check requests each Wednesday by 3PM.
- Please see Penobscot Nation's Travel Policies for further information on travelling for the Nation in general.

APRIL 2022

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6 Submit Travel Adv. Request	7	8	9
10	11	12	13 Receive Travel Advance (at the latest)	14	15	16
17 Depart	18	19	20	21 Return	22	23
24	25	26	27	28	29	30

Holidays and Observances: 17: Easter Sunday, 18: Easter Monday, 18: Tax Day

Wiki Calendar

When to submit a request for a travel advance

Example: Your travel dates are Sunday, April 17 to Thursday, April 21, 2022. See the calendar to the right to see when your travel advance request would be due.

All travel advance requests are due each Wednesday with the regular weekly check requests so it is important requests are submitted early so a check can be printed before you leave.



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____

Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source	Projected Amount
M&IE per Federal Register:		
<i>Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return</i>		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		\$ _____
Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		\$ _____
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)		- \$ _____
Total Advance		\$ _____

Terms: These costs specified above are to be incurred in performance of official business of Penobscot Nation. I agree to submit a travel expense report with supporting receipts and any amount due Penobscot Nation within 10 (ten) working days. No additional travel advances will be issued to employees with travel advances not closed out with a report. I understand and agree that unsupported and/or unreported travel expenses will be deducted from my pay.

Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance

Fill out the top section with your name, projected travel dates, program, destination, purpose of travel and ORG and OBJ codes your trip is being charged to.



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____

Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source (CC= Credit Card) (CK = Check)	Projected Amount
M&IE per Federal Register:		
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		\$ _____
Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		\$ _____
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance – Per Diem

Fill in your estimated M&IE (Per Diem). Penobscot Nation pays the US General Services Administration (GSA) per diem rates for travel within the United States which can be found here <https://www.gsa.gov/travel/plan-book/per-diem-rates>



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____

Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source	Projected Amount
M&IE per Federal Register: <i>Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return</i>	(CC= Credit Card) (CK = Check)	
\$ 79 X 3 days	=	\$ 237.00
\$ 59.25 X 2 days(75%)	=	\$ 118.50
Total M&IE		\$355.50
Lodging (\$ /night X nights)		\$
Confirm #:		
Mileage (miles X ¢/mile)		\$
Plane/Bus/Train Fare		\$
Taxi Fare		\$
Baggage Fees		\$
Tolls		\$
Parking		\$
Rental Car		\$
Other		\$
Total Travel Cost:		\$
Less pymts made by other sources (CC, Check, etc)	-	\$
Total Advance		\$

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Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance – Per Diem

Travel days are paid at 75% of the GSA rate. For example, your trip from April 17th to 21st is to Washington, DC.

The GSA rate for Washington, DC is \$79/day.

Per diem would be paid as follows:

April 17th \$59.25

April 18th \$79.00

April 19th \$79.00

April 20th \$79.00

April 21st \$59.25



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____
\$ _____ Org#: _____ Obj#: _____

Expense **Paid/Source** **Projected Amount**
(CC= Credit Card) (CK = Check)
M&IE per Federal Register: _____ = \$ _____
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return
\$ _____ X _____ days = \$ _____
\$ _____ X 2 days(75%) = \$ _____

Total M&IE

Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance – Expenses

The purpose of this is to show the ESTMIATED cost of the travel.

Include ALL expenses, even if something has been paid by credit card or check already.



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate:

Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source	Projected Amount
M&IE per Federal Register:	(CC= Credit Card)	
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return	(CK = Check)	
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____

Total M&IE

Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance – Lodging

Your lodging rate should not exceed the GSA rate for the location you are travelling to (found here

<https://www.gsa.gov/travel/plan-book/per-diem-rates>)



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____ Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source	Projected Amount
M&IE per Federal Register:	(CC= Credit Card)	
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return	(CK = Check)	
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____

Total M&IE

Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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<p>Signatures verify acceptance of the above Terms</p> <p>Traveler: _____</p> <p>Supervisor: _____</p> <p>Director: _____</p>	<p>Reviewed by Finance Office</p> <p>Date: _____ Voucher# _____</p> <p>Check#: _____ Amount\$ _____</p> <p>Signed: _____ Vendor# _____</p>
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Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance - Mileage

For personally owned vehicles, Penobscot Nation pays the GSA rate which can be found here: <https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates>. Receipts are not required for fuel purchased.

If a Penobscot Nation vehicle is used, only the cost of fuel can be requested, and receipts will be required upon your return. You can request this in the "Other" section.



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____ Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source (CC= Credit Card) (CK = Check)	Projected Amount
M&IE per Federal Register: Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		\$ _____

Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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<p>Signatures verify acceptance of the above Terms</p> <p>Traveler: _____</p> <p>Supervisor: _____</p> <p>Director: _____</p>	<p>Reviewed by Finance Office</p> <p>Date: _____ Voucher# _____</p> <p>Check#: _____ Amount\$ _____</p> <p>Signed: _____ Vendor# _____</p>
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Grant/Budget Compliance Signature: _____ Date: _____

Filling out the request for a travel advance – Totaling Expenses

If an expense has been prepaid by a credit card or check, mark it in the middle column.

Total all expenses to get your estimated Total Travel cost.

Subtract any expenses that have been paid already from the Total Travel Cost. Usually this would be expenses like registration and airfare.

The difference of Total Travel Cost and expenses already paid is your Total Travel Advance.



Request for Authorization and/or Advance

(for employees for non-local travel)

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Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate:

Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source (CC= Credit Card) (CK = Check)	Projected Amount
M&IE per Federal Register:		
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		
Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Required Attachments

Attachments are required to verify the purpose of your travel including any available agendas, letters or brochures for the training/workshop/meeting/conference you are attending.

Examples of expenses requiring attachments are hotel confirmations, airfare confirmations, registration confirmations and rental confirmations.

Expenses like parking, tolls, baggage fees, taxi fare, etc. do not require any attachments since they are only estimates. Receipts for these items will be required upon return instead.



Request for Authorization and/or Advance

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Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate: _____ Org#: _____ Obj#: _____

\$ _____

Expense	Paid/Source (CC= Credit Card) (CK = Check)	Projected Amount
M&IE per Federal Register:		
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		
Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
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Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

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Signatures verify acceptance of the above Terms	Reviewed by Finance Office
Traveler: _____	Date: _____ Voucher# _____
Supervisor: _____	Check#: _____ Amount\$ _____
Director: _____	Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Submitting the request for a travel advance

The traveler, supervisor and Director all need to review the travel advance request and sign to accept the terms and authorize the travel.

Ensure all required attachments are attached to the request with a paper clip. This is a complete packet.

Submit to Shannon Smith in Finance. She will check for accuracy then give to Grants & Contracts for the compliance signature.

Checks will be delivered to your department with the vendor (red) checks.



Request for Authorization and/or Advance

(for employees for non-local travel)

Traveler's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

(Must have documentation; Please attach any letters/workshop brochures to verify purpose of travel)

ESTIMATED EXPENSES

Max Lodging Rate:

\$ _____

Org#: _____ Obj#: _____

Expense	Paid/Source (CC= Credit Card) (CK = Check)	Projected Amount
M&IE per Federal Register:		
Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return		
\$ _____ X _____ days	=	\$ _____
\$ _____ X 2 days(75%)	=	\$ _____
Total M&IE		
Lodging (\$ _____ /night X _____ nights)		\$ _____
Confirm #:		
Mileage (_____ miles X _____ ¢/mile)		\$ _____
Plane/Bus/Train Fare		\$ _____
Taxi Fare		\$ _____
Baggage Fees		\$ _____
Tolls		\$ _____
Parking		\$ _____
Rental Car		\$ _____
Other		\$ _____
Total Travel Cost:		\$ _____
Less pymts made by other sources (CC, Check, etc)	-	\$ _____
Total Advance		\$ _____

Terms: These costs specified above are to be incurred in performance of official business of Penobscot Nation. I agree to submit a travel expense report with supporting receipts and any amount due Penobscot Nation within 10 (ten) working days. No additional travel advances will be issued to employees with travel advances not closed out with a report. I understand and agree that unsupported and/or unreported travel expenses will be deducted from my pay.

Signatures verify acceptance of the above Terms

Traveler: _____

Supervisor: _____

Director: _____

Reviewed by Finance Office

Date: _____ Voucher# _____

Check#: _____ Amount\$ _____

Signed: _____ Vendor# _____

Grant/Budget Compliance Signature: _____ Date: _____

Submitting the request for a travel advance

The request for travel advance is a triplicate carbon copy form. The Finance Office will keep both the white and yellow copies and the pink copy will be attached to the check for the traveler.

The back of the pink copy is a different form for a travel closeout report which will be covered in the next section.

If you misplace the pink copy, please contact the Finance Office for a new one.



PENOBSCOT INDIAN NATION

Travel Expense Report

Traver's Name: _____ Travel Dates: from: ____/____/____ to ____/____/____

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

Actual Expenses

Expense	Max Lodging Rate:	Paid/Source	Expense Total
M&IE per Federal Register: <i>Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return</i>	\$ _____	(CC = Credit Card) (CK = Check)	
\$ _____ X _____ days		=	\$ _____
\$ _____ X 2 days X 75%		=	\$ _____
Lodging (\$ _____ /night X _____ nights)			\$ _____
Mileage (_____ miles X _____ ¢/mile)			\$ _____
Plane/Bus/Train Fare			\$ _____
Taxi Fare			\$ _____
Baggage Fees			\$ _____
Tolls			\$ _____
Parking			\$ _____
Other			\$ _____
Other			\$ _____
Total Travel Cost:			\$ _____
Less pymts made by other sources (CC, Check, Other Agency Reimb)		-	\$ _____
Balance owed to Employee (if your advance did not cover your expenses)			\$ _____
Balance owed to Penobscot Nation (if your advance was more than your expenses)			\$ _____

Charge to: Org# _____ Obj# _____
Org# _____ Obj# _____ Date: _____

Reimbursements made **BY** Employee: Receipt #: _____ Amount: \$ _____ Cash Check
Reimbursements made **TO** Employee: Check #: _____ Amount: \$ _____

Signatures: approval of the above expenses
Traveler: _____
Grants & Contracts: _____

Reviewed by Finance Office
Date: _____ Vendor#: _____
Check#: _____ Amount: \$ _____
Signed: _____

Travel Expense Closeout Report

A closeout report is due within 10 working days of your return.

The purpose of this report is to show your ACTUAL expenses and determine if an additional amount is owed to you or if there is a balance is owed back to the Nation.

Fill out all actual expenses to get your actual Total Travel Cost.

Again, subtract out expenses that were paid prior to the trip AND subtract out the amount of your advance. This will determine if there is a balance owed to you or the Nation.



PENOBSCOT INDIAN NATION

Travel Expense Report

Travler's Name: _____ Travel Dates: from: ____/____/____ to ____/____/____

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

Actual Expenses

Expense	Max Lodging Rate:	Paid/Source	Expense Total
M&IE per Federal Register: <i>Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return</i>	\$ _____	(CC = Credit Card) (CK = Check)	
\$ _____ X _____ days		=	\$ _____
\$ _____ X 2 days X 75%		=	\$ _____
Lodging (\$ _____ /night X _____ nights)			\$ _____
Mileage (_____ miles X _____ ¢/mile)			\$ _____
Plane/Bus/Train Fare			\$ _____
Taxi Fare			\$ _____
Baggage Fees			\$ _____
Tolls			\$ _____
Parking			\$ _____
Other			\$ _____
Other			\$ _____
Total Travel Cost:			\$ _____
Less pymts made by other sources (CC, Check, Other Agency Reimb)		-	\$ _____
Balance owed to Employee (if your advance did not cover your expenses)			\$ _____
Balance owed to Penobscot Nation (if your advance was more than your expenses)			\$ _____

Charge to: Org# _____ Obj# _____

Org# _____ Obj# _____ Date: _____

Reimbursements made **BY** Employee: Receipt #: _____ Amount: \$ _____ Cash Check

Reimbursements made **TO** Employee: Check #: _____ Amount: \$ _____

Signatures: approval of the above expenses

Traveler: _____

Grants & Contracts: _____

Reviewed by Finance Office

Date: _____ Vendor#: _____

Check#: _____ Amount: \$ _____

Signed: _____

Travel Expense Closeout Report – Attachments

Receipts will be required for all travel expenses with the Expense Report.

Small receipts (tolls, parking, baggage, taxi etc.) must be taped to a piece of letter size (8.5” x 11”) paper.



PENOBSCOT INDIAN NATION

Travel Expense Report

Traver's Name: _____ Travel Dates: from: ___/___/___ to ___/___/___

Program/Dept. _____ Destination: _____

Purpose of Travel: _____

Actual Expenses

Expense	Max Lodging Rate:	Paid/Source	Expense Total
M&IE per Federal Register: <i>Note: paid at full rate for each day you attend event and 75% of full rate for both the day you leave and return</i>	\$ _____	(CC = Credit Card) (CK = Check)	
\$ _____ X _____ days		=	\$ _____
\$ _____ X 2 days X 75%		=	\$ _____
Lodging (\$ _____ /night X _____ nights)			\$ _____
Mileage (_____ miles X _____ ¢/mile)			\$ _____
Plane/Bus/Train Fare			\$ _____
Taxi Fare			\$ _____
Baggage Fees			\$ _____
Tolls			\$ _____
Parking			\$ _____
Other			\$ _____
Other			\$ _____
Total Travel Cost:			\$ _____
Less pymts made by other sources (CC, Check, Other Agency Reimb)		-	\$ _____
Balance owed to Employee (if your advance did not cover your expenses)			\$ _____
Balance owed to Penobscot Nation (if your advance was more than your expenses)			\$ _____

Charge to: Org# _____ Obj# _____
Org# _____ Obj# _____ Date: _____

Reimbursements made **BY** Employee: Receipt #: _____ Amount: \$ _____ Cash Check

Reimbursements made **TO** Employee: Check #: _____ Amount: \$ _____

Signatures: approval of the above expenses

Traveler: _____

Grants & Contracts: _____

Reviewed by Finance Office

Date: _____ Vendor#: _____

Check#: _____ Amount: \$ _____

Signed: _____

Travel Expense Closeout Report

Ensure that the ORG and OBJ codes are filled in, so the Finance Office knows where to charge a balance back to you or where to deposit a balance owed back to the Nation.

Sign the form and submit with required attachments to Shannon Smith in Finance.

If a balance is owed to you, a check will be processed with your department's normal vendor (red) checks for the week.

If a balance is owed to the Nation, you can attach a check or contact Shannon Smith at 207-817-7311 to schedule a time to pay by cash or credit card. A receipt will be provided to you.