The Navajo Nation

Travel Authorization

TA Number

Employee Information

AB Number:	Employee Name:	Employee's Signature:
Position Title:	Department:	
Phone Number:	Mobile Number:	I have a Navajo Nation PCard ☐ / Travel Advance Required ☐ / Check Distribution

Travel Itinerary Information

Date of Travel Request: _____ Purpose of Travel: _____

Date of Departure: _____ Travel Itinerary: _____

Date of Return: _____ Tribal Vehicle: _____ Vehicle Number: _____

Private Vehicle: _____ Mileage Rate: _____ Estimate Miles: _____

Private Vehicle Insurance: _____ Policy Number: _____ Expire Date: _____

Travel Cost Estimate

		Primary Expense			Distribution Expense			Distribution Expense			
Expense Category	Object Code	Company	Business Unit	Amount	Company	Business Unit	Amount	Company	Business Unit	Amount	Category Total
Meals	3240										0.00
Lodging	3250										0.00
Mileage	3260										0.00
Misc	3290										0.00
Airfare	3320										0.00
Vehicle Rental	3220										0.00

Contract Accounting Use Only:

External Fund **10.0256**

Total Travel Cost Estimate: 0.00

Total Advance Meals & Lodging: 0.00

Airfare Flight Information

Full Name on Issued Government ID: _____

Date of Birth: _____ Gender: _____ Email Address: _____

Airfare Confirmation: _____

Airfare Confirmation Date: _____ **PCard Type:** General Fund ☐ External Fund ☐

Who Booked Airfare: _____

Department Manager Signature: _____ Date: _____

Travel Advance Authorization: _____ Date: _____

INSTRUCTIONS

1. Print Travel Authorization, Employee signature and Department approval signature and date.
   - If no Travel Authorization advance amount, retain and attach to completed Travel Expense Report.
   - If Travel Authorization advance request amount, require Department approval signature and date. Submit to Accounts Payable section/Office of the Controller for processing.
2. FOR EXTERNAL BUSINESS UNIT FUNDS, forward signed Travel Authorization to Contract Accounting section/ Office of the Controller for review and funds availability approval **prior to travel departure**.
3. TRAVELERS: OBTAIN REQUIRED ITEMIZED RECEIPTS FOR ALL EXPENSES.

The Navajo Nation

Travel Authorization Expense Report

TA Number

84907

Employee Information:		
AB Number:	Employee Name:	
Position Title:	Department:	

Travel Expense Report:								
DAY								
DATE								
DEPARTURE								
ARRIVAL								
FROM								
TO								
TO								
							OOP/REIM	**P-Card**
Lodging								
Breakfast								
Lunch								
Dinner								
Misc								
POV Mileage								
Fuel								
Car Rental								
Airfare								
Inner-City Fares								
Parking Fees								
Internet Service								
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00		

"I CERTIFY THAT THIS TRAVEL REPORT IS ACCURATE, COMPLETE AND ALL EXPENSES REQUESTED FOR REIMBURSEMENT AND CLAIMED HEREIN WERE ON NAVAJO NATION OFFICIAL TRAVEL FOR THE PURPOSE AS SET FORTH IN THIS TRAVEL AUTHORIZATION"

DATE _____ SIGNATURE OF TRAVELER _____ APPROVED BY _____

OOP ACCT DISTRIBUTION	CHARGE ACCT NO	AMOUNT
MEALS		
MILEAGE		
LODGING		
OTHER EXPENSE		

EXPENSE RECONCILIATION	
TOTAL EXPEND THIS REPORT	
ADVANCE THIS REPORT	
P-CARD EXPENSE	
OOP EXPENSE	
AMOUNT DUE TO EMPLOYEE	
AMOUNT DUE TO NATION	

1. Travelers complete TA Expense Report upon conclusion of travel.
2. Reminder: Require Itemized Receipts for ALL Expenses
3. Date, Signature of Traveler and Department Approval Authority required
4. Attach initial approved Travel Authorization form for Business Unit Expense Distribution(s).
5. Print and submit all travel supporting documents to Account Payable/Office of the Controller.
6. For External Funds, print the approved travel authorization form and submit directly to Accounts Payable/Office of the Controller.