The Navajo Nation Travel Authorization

TA Number:

Employee Information:					
VA Number:	Employee Name:		Employee's Signature:		
Position Title:		Department Name and Number:			
Phone Number:	Mobile Number:		I have a Navajo Nation PCard ☐	Travel Advance Required ☐	Non-PCard Holder ☐

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:

Fund Type	Division	Expense Category	Main Account	Dept	Award	Project	Location	Category Total
		Meals	6210					
		Lodging	6210					
		Mileage	6210					
		Misc	6210					
		Airfare	6230					
		Car Rental	6210					

Total Travel Cost Estimate:

10.0256 Total Advance Meals & Lodging:

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 amount requested, requires Department approval signature and date. Submit to Accounts Payable Purchase Requisition/Office of the Controller for processing.
2. TRAVELERS: OBTAIN **REQUIRED ITEMIZED RECEIPTS** FOR ALL EXPENSES.

The Navajo Nation

Travel Authorization Expense Report

TA Number:

NNOOC USE ONLY

Employee Information:		
VA Number:	Employee Name:	Employee's Signature:
Position Title:	Department Name and Number:	

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								

"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	MAIN ACCOUNT	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 Financial Dimension Expense Distribution.
5. **Scan and attach** all travel supporting documents to **Accounts Payable for Non-PCard Holders**
6. **Print and submit** all travel supporting documents to **Purchase Card Section for PCard Holders**