

PRE-TRAVEL FORM

Today's Date: _____

Name: _____

Destination: _____

Travel Dates: _____

Leave: _____
DATE | *TIME*

Return: _____
DATE | *TIME*

Mode of Travel:

Driving-Community Vehicle Driving-Private Vehicle

Air Line _____
Name of Airport

*Note: If travelling by air, you must call and get an itinerary faxed to the school from Holiday Travel: 906-789-0800.

Lodging Info

Name & Phone of Motel: _____

\$ Per Night: _____ Conference Rate Government Rate

Meals Info:

Are any meals provided during your travel? If so, indicate how many of each:

Breakfast:	<input type="text"/>
Lunch:	<input type="text"/>
Dinner:	<input type="text"/>

Relevance Of Travel To Your Job & Expected Benefit Of This Travel To The Tribe:

NOTES:

ATTACHMENT CHECKLIST:

- All Conference Information including agenda
- Lodging Information

Approval:

Signature of Supervisor | *Date*