TRIP REPORT

NAME:_____PROGRAM:_____

CONFERENCE TITLE:_____

DESTINATION:_____VEHICLE: PERS/TRIBAL_____

DATE OF DEPARTURE:_____TIME OF DEPARTURE:_____

DATE OF RETURN:_____TIME OF RETURN:_____

BEGINNING MILEAGE:_____ENDING MILEAGE:_____

BRIEF DESCRIPTION OF TRIP:

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PLEASE ATTACH RECEIPTS AND CERTIFICATE OF COMPLETION

HOTEL PAID BY: AIRFARE PAID BY:

WTN___OTHER AGENCY___EMPLOYEE___ WTN___OTHER AGENCY___EMPLOYEE___

NAME OF AGENCY:_____PHONE NUMBER:_____

EMPLOYEE SIGNATURE:_____ **DATE:**_____

SUPERVISOR SIGNATURE:_____**DATE:**_____