

WINNEBAGO TRIBE OF NEBRASKA
TRAVEL REQUEST

Date

Traveler

Program

Purpose

Destination

Dates of Travel (Begin)

(End)

Times of Travel (Depart)

(Return)

Funding Source

Lodging

Egencia

US Bank

AMOUNT

INTACCT DOC #

Per Diem

Daily rate divide by 4 = per qtr times qtrs

Mileage (check one)

 miles times per mile OR
Airfare quote in lieu of mileage (if
applicable)

Airfare

Misc (Provide itemized list)

OTHER

TOTAL AMOUNT REQUESTED

Trip to be reimbursed? Yes No

If yes, name of Agency

Comments/Special Requests: