

**NATIONAL INDIAN CHILD CARE ASSOCIATION
Travel Expense Form**

Name: _____

Date: _____

Address: _____

Destination: _____

Purpose of Travel: _____

Make Check Payable To: _____

**Receipts for lodging, airfare and ground travel must be attached to this form and submitted to the NICCA Treasurer within 14 days of completion of travel.*

| Date | Departure or Arrival | Lodging per Night | Per Diem per Day | Beginning Odometer | Ending Odometer | Number of Miles | Miles x .375 |
|------|-----------------------------------|-------------------|------------------|--------------------|----------------------|-----------------|--------------|
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | | \$ | \$ | | | | |
| | TOTAL Lodging and Per Diem | \$ | \$ | | TOTAL Mileage | | \$ |

| Date | Type of Expense | Amount |
|------|--------------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | TOTAL Other | \$ |

EXPENSES CLAIMED

Lodging _____
Per Diem _____
Mileage _____
Other _____
TOTAL _____

I certify that this information is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.

Signature of Traveler: _____

Date: _____

Executive Board Member: _____

Date: _____

Executive Board Member: _____

Date: _____