

**NATIONAL INDIAN CHILD CARE ASSOCIATION**  
**Travel Reimbursement Request**

Reimbursement requests must be submitted to the Executive Board 30 days prior to the date of travel.

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Board Position: \_\_\_\_\_

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Purpose of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_  
Starting Date Ending Date

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**Reimbursement Request**

Airfare: \_\_\_\_\_ Parking/Shuttle: \_\_\_\_\_

Lodging: \_\_\_ # nights x \_\_\_\_\_ rate = \_\_\_\_\_

Mileage: \_\_\_ # miles x \_\_\_\_\_ rate = \_\_\_\_\_

Per Diem: \_\_\_ # days x \_\_\_\_\_ rate = \_\_\_\_\_

Other: \_\_\_\_\_ - Explain: \_\_\_\_\_

**TOTAL REQUEST** \_\_\_\_\_

**Traveler agrees to submit a completed travel expense statement along with receipts for lodging, airfare and ground travel to the Treasurer of the National Indian Child Care Association within 14 days of completion of the travel. Travel will only be reimbursed up to the amount requested and according to the approved travel policy.**

**Traveler Signature:** \_\_\_\_\_

**Executive Board Member:** \_\_\_\_\_

**Executive Board Member:** \_\_\_\_\_