

TRAVEL REQUEST FORM

When requesting travel through TCC this form must be filled out and returned at least **two weeks** prior to travel date. If traveling out of state it must be returned at least **four weeks** in advance. Flight numbers must be listed or attached to this form.

Village: Village Name Today's Date: Today's Date Auth Rep: Client/Patient: TCC Employee:
Select which one the traveler is.

TRAVELER CONTACT INFORMATION

Full Legal Name: First, Middle Initial, Last DOB: Birthdate **Required**
 Address/City/State: Travelers address
 Phone Number: ** Required ** Email: ** Required **

Purpose of Travel: What are you traveling for? (Attach agenda if necessary) Date: Dates of purpose of travel
 Project: 1st PATAO Task: 2nd PATAO Award: 3rd PATAO Program Expense: Program name being used
 Need to arrive in: Where you are traveling to On what date: _____ No later than: _____
 Name of Requestor: Traveler or Tribal Admins name Phone/Ext: Ph Number Email: _____

From	To	Date	Time	AM	PM	Airline	Flt #	Reg	Chtr
Starting travel from	End Destination	Date of travel	Time			Airlines traveling on			
Returning from	Returning to								

Car Rental: Yes No Supervisors Initials for Yes: _____ ** TCC Employees only **
 Per Diem Advance: Yes No Yes or No to receive Per Diem before travel date
 ACH (direct deposit non payroll): Yes No Yes for Direct Deposit if ACH form filled out, No for Paper Check
 Excess Baggage: Yes No
 Preferred Flight Schedule Attached Yes No (*required if flight number is not listed above) Attach preferred flights for AK Airlines

Special Instructions:

Important notes the Travel Dept may need to know should go here.
i.e. Bank Acct info, Mileage #, hold check for pickup, starting/ending dates of any personal travel, etc

1st Chief Signature: Authorized Signers Date: Date signed