



The Navajo Nation

Travel Authorization

TA Number:

Employee Information:

AB Number:	Employee Name:	Employee's Signature:			
Position Title:		Department:			
Phone Number:	Mobile Number:		I have a Navajo Nation PCard ☐	Travel Advance Required ☐	Non-PCard Holder ☐

Travel Itinerary Information:

Date of Travel Request:	Purpose of Travel:				
Date of Departure:	Travel Itinerary:				
Date of Return:	Tribal Vehicle:	Vehicle Number:			
Private Vehicle:	Mileage Rate:	Estimate Miles:			
Private Vehicle Insurance:	Policy Number:		Expire Date:		

Travel Cost Estimate:

FUND TYPE	DIVISION	EXPENSE CATEGORY	MAIN ACCOUNT	DEPT	AWARD	PROJECT	LOCATION	CATEGORY TOTAL
		Meals	6210					
		Lodging	6210					
		Mileage	6210					
		Misc	6210					
		Airfare	6230					
		Car Rental	6210					
					Total Travel Cost Estimate:			
					10.0256 Total Advance Meals & Lodging:			

Airfare Flight Information:

Full Name on Issued Government ID:			
Date of Birth:	Gender:	Email Address:	
Airfare Confirmation:			
Airfare Confirmation Date:	PCard Type:	General Fund:	External Fund:
Who Booked Airfare:			

Department Manager Signature: _____ Date: _____

Travel Advance Authorization: _____ Date: _____

INSTRUCTIONS

- Print Travel Authorization, Employee signature and Department approval signature and date.
 - If no Travel Authorization advance amount, retain and attach to completed Travel Expense Report.
 - If Travel Authorization advance amount requested, requires Department approval signature and date.
Submit to Accounts Payable Purchase Requisition/Office of the Controller for processing.
- TRAVELERS: OBTAIN **REQUIRED ITEMIZED RECEIPTS** FOR ALL EXPENSES.



The Navajo Nation

Travel Authorization Expense Report

TA Number:

NNOOC USE ONLY

Employee Information:

AB Number:	Employee Name:	Employee's Signature:
Position Title:	Department:	

Travel Expense Report:

DAY								
DATE								
DEPARTURE								
ARRIVAL								
FROM								
TO								
TO								
							OOP/REIM	P-Card
Lodging								
Breakfast								
Lunch								
Dinner								
Misc								
POV Mileage								
Fuel								
Car Rental								
Airfare								
Inner-City Fares								
Parking Fees								
Internet Service								
TOTAL								

"I CERTIFY THAT THIS TRAVEL REPORT IS ACCURATE, COMPLETE AND ALL EXPENSES REQUESTED FOR REIMBURSEMENT AND CLAIMED HEREIN WERE ON NAVAJO NATION OFFICIAL TRAVEL FOR THE PURPOSE AS SET FORTH IN THIS TRAVEL AUTHORIZATION"

DATE

SIGNATURE OF TRAVELER

APPROVED BY

OOP ACCT
DISTRIBUTION

MAIN ACCOUNT	AMOUNT
MEALS	
MILEAGE	
LODGING	
OTHER EXPENSE	

EXPENSE RECONCILIATION

TOTAL EXPEND THIS REPORT

ADVANCE THIS REPORT

P-CARD EXPENSE

OOP EXPENSE

AMOUNT DUE TO EMPLOYEE

AMOUNT DUE TO NATION

1. Travelers complete TA Expense Report upon conclusion of travel.
2. Reminder: Require Itemized Receipts for ALL Expenses
3. Date, Signature of Traveler and Department Approval Authority required
4. Attach initial approved Travel Authorization form for Financial Dimension Expense Distribution.
5. **Scan and attach** all travel supporting documents to **Accounts Payable for Non-PCard Holders**
6. **Print and submit** all travel supporting documents to **Purchase Card Section for PCard Holders**