



Tribal Historic Preservation Office

P.O. Box 907
 Sisseton, SD 57262
 (P) 698-3584 (F) 698-4283

TRAVEL EXPENSE REPORT

Name: _____ Title: **Monitor / Consultant / Field Tech**

Date: _____ Project: _____

Travel From: _____ To: _____

Date	Day	Per Diem	Lodging	Equip. Rental	Mileage		TRAVEL EXPENSE
	Sunday				Start		
	Monday				End		
	Tuesday				Total		
	Wednesday				x \$0.725(vehicle)=		
	Thursday						
	Friday						
	Saturday						
	Sunday						
	Monday				ADVANCE		
	Tuesday				<u>Advance Ck#</u>		
	Wednesday				<u>Advance Amount</u>		
	Thursday						
	Friday						
	Saturday						
		Total Per Diem	Total Lodging	Total Rental Cost	Total Mileage		TOTAL EXPENSE
					\$		
Amount Due To / From Monitor							

Hotel receipts must be attached to receive reimbursement.

Employee Signature: _____

Supervisor Signature: _____

Office Use Only Date Received: _____

Paid with Ck #: _____