

Bureau of Indian Affairs - Office of Justice Services  
Indian Highway Safety Program  
**TRAVEL & TRAINING AUTHORIZATION FORM**  
REVISED 12/2015

Name of Traveler: \_\_\_\_\_ Title: \_\_\_\_\_  
*(One form per person)*

Name of Tribe: \_\_\_\_\_ Project #: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**TRAINING REQUEST**

Course Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

(City, State)

Registration Fee: \_\_\_\_\_

Is this training part of my annual training certification?

YES  NO

Is travel required?  YES  NO

How does this training relate to your project?

How will this training assist in achieving the project agreement goals/performance measures?

**TRAVEL REQUEST**

Purpose: \_\_\_\_\_

I certify:

travel is outside a 50 mile radius of my duty station  YES  NO

my travel exceeds 12 hours  YES  NO

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

*Lodging & meals cannot exceed the federal travel rates*

Lodging Rate: \_\_\_\_\_

Per Diem Rate: \_\_\_\_\_

Travel Expenses (enter estimated costs below)

Airfare: \_\_\_\_\_

Luggage Fees: \_\_\_\_\_

Airport Parking: \_\_\_\_\_

Lodging Taxes: \_\_\_\_\_

Taxi Fare/Shuttle: \_\_\_\_\_

POV Mileage: # of miles \_\_\_\_\_ x

\$0.54 per mile = \_\_\_\_\_

Other: \_\_\_\_\_

Total Estimated Costs: \_\_\_\_\_

Cost Comparison(s):

Airfare/Rental Car/ POV: \_\_\_\_\_

*Attach cost comparison & quote*

\_\_\_\_\_  
Traveler/ Trainee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Chief of Police Name

\_\_\_\_\_  
BIA Indian Highway Safety Program

\_\_\_\_\_  
Date

Approved

Disapproved

Reason for Denial: \_\_\_\_\_