

Great Plains Tribal Chairmen's Health Board
 Request for Reimbursement - **Deadline: April 27, 2018**
 "2018 Cancer Symposium"
 Best Western Ramkota, Rapid City, SD
 May 16-17, 2018

Name of Traveler: _____ Title: _____

Tribe/Organization: _____ Date: _____

Travel Dates:

Departing Time: _____ .Departing Date: _____

Return Time: _____ Return Date: _____

Please Reimburse: Tribe/Organization _____ Traveler _____

- Check days attending: Cancer Symposium, May 16, 8-5 p.m.
 Cancer Symposium, May 17, 8-12 p.m.
 Literacy Training, May 17, 1-5 p.m.

Make Check Payable To:

Name of Traveler: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Signature of Traveler: _____

OFFICE USE ONLY	TOTALS
Per Diem	
\$14.75 X _____ Qtrs. = \$ _____	
Lodging (copy of lodging receipt required)	
\$X _____ Nights = _____ \$ _____	
Mileage	
\$0.545 x _____ Miles = \$ _____	
Cab fare, Parking fees: _____	\$ _____
Other (Please specify) _____	\$ _____
Other (Please specify) _____	\$ _____
Total Amount Requested	\$ _____
Program Manager/Department Head Approval: _____	
Account charged: _____	

****The GPTCHB pays travel in accordance with the Federal Per Diem rates.**