

NATIONAL AMERICAN INDIAN HOUSING COUNCIL
SCHOLARSHIP PROGRAM
TRAVEL VOUCHER

Scholarship Awardee's Name: _____ Job Title: _____

Telephone: (_____) _____ Email: _____

Tribe/IHA/TDHE: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel: BEGIN Date: _____ Time: _____ END Date: _____ Time: _____

Course/Workshop/Event Attended: _____

Course/Workshop/Event Location: _____

Course/Workshop/Event Date(s): START: _____ END: _____

Eligible Expenses

Airfare (standard commercial – coach or equivalent class) \$ _____

Lodging \$ _____

Local Transportation (e.g., taxi, airport shuttle) \$ _____

Mileage
.51 per mile X _____ miles = \$ _____

Per Diem (Meals and Incidental Expenses – per GSA)
_____ X _____ quarters = \$ _____
(Rate) (Number of Quarters)

Parking \$ _____

TOTAL ACTUAL AMOUNT REQUESTED \$ _____

Scholarship Awardee Signature: _____ Date: _____

PLEASE ATTACH ORIGINAL RECEIPTS TO SUPPORT CLAIMED EXPENSES

NAIHC USE ONLY

Attendance at course/workshop/event verified: YES (sign in sheet attached) No

Expenses reviewed/verified by: Initials _____ Date: _____

Expenses to be charged to Accounting Code: **641-N10-000**

(NAIHC shall reimburse the lesser of actual travel costs or \$1,200.00)

Amount Approved: \$ _____
Approved By: _____
Date: _____

A Tradition of Native American Housing