Bureau of Indian Affairs - Office of Justice Services
Indian Highway Safety Program

TRAINING & TRAVEL AUTHORIZATION FORM

REVISED 08/2022

Traveler: _____ Title: _____

Tribe: _____ Project Number: _____

Phone Number: _____ E-Mail Address: _____

TRAINING REQUEST

Course Title: _____ Training Location: _____
(City, State)

Start Date: _____ End Date: _____

Registration Fee: _____ ☐ Yes ☐ No Training is outlined in grant agreement problem ID

How does this training assist in resolving a traffic problem outlined in the grant agreement problem ID? How does it assist in achieving a target?

TRAVEL REQUEST

Purpose: _____ Start Date: _____ End Date: _____

I certify travel: ☐ Yes ☐ No is outside a 50 mile radius of my duty station ☐ Yes ☐ No exceeds 12 hours

Travel will be reimbursed at the tribal rate not to exceed the federal travel regulations

Rate:	Daily Tribal	Daily Federal	Total Request	IHSP Amount Reimbursed
Lodging:				
Per Diem:				

Travel Expenses (Estimated Costs)	Expenses	IHSP Amount Reimbursed:
Airfare:		
Luggage Fees:		
Parking Fees:		
Lodging Taxes:		
Taxi Fare Shuttle:		
POV Mileage:		
____ miles @____cents/mile	$ 0.00	
Total Estimated Travel Costs	$ 0.00	
Rental Car/ POV		

Quote & comparison must be attached for Rental Car/ POV

I understand that this information is being submitted to support a claim against a federally funded grant program. False statements on this form may be prosecutable under 18 USC 1001. The information on this form is true, correct, and complete to the best of my knowledge and ability.

_____ _____ _____ _____
Trainee/Traveler Signature Date Chief of Police/Supervisor Signature Date

_____
Chief of Police/Supervisor (print)

_____ _____ ☐ Approve ☐ Disapprove
BIA Indian Highway Safety Program Date

Reason for Denial: _____

_____