

Bureau of Indian Affairs – Office of Justice Services
Indian Highway Safety Program
TRIP REPORT
REVISED 10/2015

Tribe Name: _____ Project #: _____

Name of Traveler: _____ Title: _____

Dates of Travel: _____ Location Visited: _____

Course Title: _____ Contact Number: _____

Please Note:

Mandatory document must be submitted with every travel claim. Attach with Tribal Travel voucher & receipts. Travel expenses will be reimbursed at the normal Tribal travel rates not to exceed the Federal per diem rate for travel location.

Purpose of Trip/Objective:

Result of Trip/Benefit to my Project:

How this trip relates to my Project:

Activities I participated in/or workshop attended:

Contacts Made:

Signature

Date