



# Tribal Historic Preservation Office

P.O. Box 907  
 Sisseton, SD 57262  
 (P) 698-3584 (F) 698-4283

## TRAVEL EXPENSE REPORT

Name: \_\_\_\_\_ Title: **Monitor**    **Consultant**    **Field Tech**

Date: \_\_\_\_\_ Project: \_\_\_\_\_

Travel From: \_\_\_\_\_ To: \_\_\_\_\_

Date	Day	Per Diem	Lodging	Equip. Rental	Mileage		TRAVEL EXPENSE	
	Sunday				Start			
	Monday				End			
	Tuesday				Total			
	Wednesday				x \$0.585(vehicle)=			
	Thursday				x \$0.75(w/trailer)=			
	Friday							
	Saturday							
	Sunday							
	Monday				<b>ADVANCE</b>			
	Tuesday				<u>Advance Ck#</u>			
	Wednesday				<u>Advance Amount</u>			
	Thursday							
	Friday							
	Saturday							
		<b>Total Per Diem</b>	<b>Total Lodging</b>	<b>Total Rental Cost</b>	<b>Total Mileage</b>			<b>TOTAL EXPENSE</b>
					\$			
<b>Amount Due To / From Monitor</b>								

*Hotel receipts must be attached to receive reimbursement.*

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Office Use Only Date Received: \_\_\_\_\_

Paid with Ck #: \_\_\_\_\_

\*Updated on 3/3/22