

**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 \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Local Transportation \$ \_\_\_\_\_

Mileage

.55 per mile X \_\_\_\_\_ miles = \$ \_\_\_\_\_

Per Diem (Meals and Incidental Expenses)

\_\_\_\_\_ 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-ON8-000**

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

Amount Approved: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

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