



Alaska Inter-Tribal Working Group (ITWG) Meeting Request for Travel Assistance

Name: _____

Email: _____

Phone: _____

Mailing Address (for check): _____

Travel Schedule:

Depart Date	Depart from:	Time: am/pm	Arrive Date	Arrive at (destination)	Time: am/pm

Summary of Covered Costs:

- **Airfare:** Fully reimbursed (economy fare only). Reimbursed upon submission of receipt and itinerary.
- **Lodging:** Not to exceed federal approved rate of \$179 per day. Reimbursed upon submission of receipt.

By signing this form, you confirm that your Tribe or organization will not cover any of the above stated costs to support you to attend and participate in the May 9-10, 2024 Alaska Inter-Tribal Working Group (ITWG) Meeting.

Attendee Signature: _____ Date: _____

Printed Name: _____

ANJC Approval Signature: _____

Estimated Need (to be filled by ANJC): _____

Next Steps:

- ▶ Return this completed form, supporting receipts, and W9 to AlaskaITWG@anjc.net.
- ▶ ANJC will process your request and will inform you whether the assistance has been approved.