



LEECH LAKE BAND OF OJIBWE

Travel Reservation Form

Dates of Travel: _____ Requested by: _____

Requestor's contact info (phone/e-mail): _____

Traveler's Full Legal Name (as it appears on the government issued form of identification):

Traveler's birth date (necessary for flight reservations): _____

Lodging

Do you need the Travel Department to make hotel arrangements? Yes No

Hotel Name: _____ Hotel Direct Phone Number: _____

Hotel Street Address: _____

Check-in Date: _____ Check-out Date: _____

Type of Room: Standard Queen King

Smoking Non-Smoking

Flights

Do you need the Travel Department to make flight reservations? Yes No

Airline: _____

Initial Flight Arrangements:

City of Departure: _____ Date of Departure: _____ Time of Departure: _____

City of Destination: _____ Date at Destination: _____ Time at Destination: _____

Return Flight Arrangements:

City of Departure: _____ Date of Departure: _____ Time of Departure: _____

City of Destination: _____ Date at Destination: _____ Time at Destination: _____

Mode of Transportation from Airport to Hotel and back:

Shuttle Taxi Other Estimated Cost: _____

Do your travel arrangements include use of POV? Yes No

If yes is selected copy of Driver's License and Proof of Insurance **must** be included.

Form must be completed for requested reservations to be completed by the Travel Department

updated 1/26/2017