



LEECH LAKE BAND OF OJIBWE

## Travel Report Form

Name: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Results of Travel: What did you learn and how does it apply to your job? Be specific.



Follow-up required: \_\_\_\_\_

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date