



InterTribal Buffalo Council  
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August 5, 2015

Greetings!

As we approach the end of our three year Administration for Native Americans Grant, we will be having our final ANA Training in combination with a Farm to School Grant Training. The training will be August 21, 2015 at the Grand Gateway Hotel & Conference Center at Rapid City, South Dakota. We encourage representation for Tribes and for School Food Services to attend this training.

Enclosed is a draft agenda for the training and a Travel Advance Request form. Please return the TA as soon as possible so requests can be distributed in a timely manner.

If you have questions concerning the training, please feel free to call the office.

Sincerely,

*Dianne Amiotte-Seidel* by *WR*

*Dianne Amiotte-Seidel*  
*Project Director/Marketing Coordinator*  
*InterTribal Buffalo Council*  
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# Intertribal Buffalo Council

Administration for Native Americans (ANA)  
and Farm to School Training

Grand Gateway Hotel and Conference Center  
Rapid City, South Dakota

August 21, 2015

<b>9:00 AM</b>	<b>9:05 AM</b>	<b>Opening Prayer</b>
<b>9:05 AM</b>	<b>9:15 AM</b>	<b>Dianne Amiotte-Seidel, Project Director ANA/ Farm 2 School Overview</b>
<b>9:15 AM</b>	<b>10:00 AM</b>	<b>Jerome Grant Restaurant Associates/Executive Chef</b>
<b>10:00 AM</b>	<b>10:15 AM</b>	<b>BREAK</b>
<b>10:15 AM</b>	<b>11:00 AM</b>	<b>Shawn Burke Native American Program Director SD Extension</b>
<b>11:00 AM</b>	<b>12:00 AM</b>	<b>Robert Gorman USDA FNS Regional Director</b>
<b>12:00 AM</b>	<b>1:00 PM</b>	<b>LUNCH</b>
<b>1:00 PM</b>	<b>2:00 PM</b>	<b>Jessica Creed-Capsel USDA Nutrition Program</b>
<b>2:00 PM</b>	<b>3:00 PM</b>	<b>Rory Fischer South Dakota Animal Industry Board</b>
<b>3:00 PM</b>	<b>3:15 PM</b>	<b>BREAK</b>
<b>3:15 PM</b>	<b>4:00 PM</b>	<b>Jim Stone ITBC Executive Director</b>
<b>4:00 PM</b>	<b>4:15 PM</b>	<b>Open Discussion</b>
<b>4:15 PM</b>	<b>4:45 PM</b>	<b>Review/Close</b>
<b>4:45 PM</b>	<b>5:00 PM</b>	<b>Closing Prayer</b>



**INTERTRIBAL BUFFALO COUNCIL**  
**Travel Authorization / Travel Advance Request**  
**MEMBERSHIP/OTHERS**

Traveler's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Tribe Representing: \_\_\_\_\_ Payable to: Traveler: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 Mailing Address to send Advance to: \_\_\_\_\_  
 Destination: Traveling From: \_\_\_\_\_ To: \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Committee Representing: \_\_\_\_\_  
 Date of Departure: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ AM / PM  
 Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_ AM / PM

**Mode of Transportation:** Vehicle \_\_\_ Airline \_\_\_ *(Cost comparison for all modes of travel is to be completed with the least cost of travel selected)*

**Computation for Per Diem:** Maximum Allowable Daily Per Diem Rate: \$ \_\_\_ / \$ \_\_\_ per quarter  
 Day 1: \_\_\_ qtrs. Day 2: \_\_\_ qtrs. Day 3: \_\_\_ qtrs. Day 4: \_\_\_ qtrs. Day 5: \_\_\_ qtrs. Day 6: \_\_\_ qtrs. Day 7: \_\_\_ qtrs.  
 Day 8: \_\_\_ qtrs. Day 9: \_\_\_ qtrs. Day 10: \_\_\_ qtrs. Total Quarters: \_\_\_\_\_ x \$ \_\_\_\_\_ / quarter = \$ \_\_\_\_\_

**Computation For Mileage:** Estimated Mileage for Travel: \_\_\_\_\_ x \$ 0.575 = Mileage Advance Requested: \$ \_\_\_\_\_  
*Please keep track of odometer reading at beginning and end of trip and include on travel reconciliation report.*

	ADVANCE REQUEST
Mileage: _____ Miles x .575	\$ _____
Per Diem: _____ Quarters X \$ _____ per quarter	\$ _____
* Taxi: _____	\$ _____
* Parking _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL EXPENSES REQUESTED</b>	<b>\$ _____</b>

*I certify that all information listed is correct.*

Signed: \_\_\_\_\_  
 Traveler

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

Approved: \_\_\_\_\_  
 ITBC Executive Director

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

**\*ACTUAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

**Travel advance requests will be disbursed up to 80% of total request. The 20% balance will be processed upon receipt and approval of ITBC's travel reconciliation form.**

ITBC FINANCE DEPARTMENT USE ONLY	
Total Travel Advance Requested: \$ _____	- 20% = \$ _____ (80% Travel Advance Approved by ITBC.)
_____	Account # _____
Fiscal Director - Signature	TA Check Number: _____