

Winnebago Tribe  
Expense Reimbursement Form

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Winnebago Tribe of NE

**Mileage**

				\$ 0.575	\$ -
				\$ 0.575	\$ -
				\$ 0.575	\$ -
				\$ 0.575	\$ -
				\$ 0.575	\$ -
				\$ 0.575	\$ -
				\$ 0.575	\$ -
				Subtotal	\$ -

**Other Expenses**

Date	Location	Description of Expense(s)	Qty.	Price	Total
					\$
					\$
					\$
					\$
				Subtotal	\$

**Grand Total** \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

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

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