

Winnebago Tribe Expense Reimbursement Form

Name: _____

Department: Winnebago Tribe of NE

Mileage

Date	Destination	Reason-Purpose of Trip	Miles	Rate	Total
				\$ 0.625	\$ -
				\$ 0.625	\$ -
				\$ 0.625	\$ -
				\$ 0.625	\$ -
				\$ 0.625	\$ -
				\$ 0.625	\$ -
				\$ 0.625	\$ -
Subtotal					\$ -

Other Expenses

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

Grand Total \$ -

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____