EMPLOYEE/ VOLUNTEER TRAVEL EXPENSE CLAIM FORM
BENOIT FIRST NATION

This form should be completed to claim reimbursement of travelling expenses

CONTACT INFORMATION (TO BE COMPLETED BY THE APPLICANT)	
Name:	Position:
Address:	Notes:
Postal code:	Email:
Band Number	Phone:
Travel claim costs must be approved in advance of any travel	

TRAVEL (TO BE COMPLETED BY THE APPLICANT)

Vehicle used:

Date	Details of Journey (from / to etc)	Mileage travelled	Cost (Office Use) .54 CENTS	KM
		Total		

AUTHORIZATION (TO BE COMPLETED BY BAND MANAGEMENT)

	Total Dollars	Cents	Notes if applicable
Mileage Cost			
Total Reimbursement			

Applicant Signature:	Date
Management Signature:	Date

Please return completed form to:
Band Admn
Benoit First Nation Inc
811 Oceaview Drive
Degrau
NL. Canada. A0N 1T1