EMPLOYEE/ VOLUNTEER TRAVEL EXPENSE CLAIM FORM BENOIT FIRST NATION

This form should be completed to claim reimbursement of travelling expenses

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	CON	TACT INFORMAT	ION (TO BE C	OMPLETED BY THE AF	PPLICANT)		
Name:				Position:			
Address:	Notes:						
Postal code:				Email:			
Band Number				Phone:			
		Travel claim o	osts must be a	approved in advance of a	ny travel		
		TRAVEL (TO	BE COMPLET	TED BY THE APPLICAN	T)		
Vehicle used:							
						Cost (Office Use)	
Date Details of Journey (fro				/ to etc)	Mileage travelled	.54 CENTS	KM
							-
AUTHORIZATION (TO BE COMPLETED BY BAND MANAG					Total		
	AU		O BE COMPLI	ETED BY BAND MANAG	SEMENT)		
	Dellere	Total		Natas	if applicable		
Miles as Cost	Dollars	Cents		notes	if applicable		
Mileage Cost							
Total Reimbursement							
Total Kellibursellielit	ļ		<u> </u>		I		
Applicant Signature:					Date		
Applicant Orginature.					Date		
Management Signature:					Date		

Please return completed form to:

Band Admn

Benoit First Nation Inc

811 Oceaview Drive

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NL. Canada. A0N 1T1