

Benoit First Nation Expense Reimbursement

Name:
Workshop:

Expense Dates
From:
To:

Band Manager:
Department:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

SUBTOTAL \$ -

Less Cash Advance

TOTAL REIMBURSEMENT \$ -

Note: Mileage reimbursement for personal car = .54 cents./km

Signature Date

Approval Signature Date