

## Winnebago Tribe Expense Reimbursement Form

Name: \_\_\_\_\_

Department: Winnebago Tribe of NE

### Mileage

Date	Destination	Reason-Purpose of Trip	Miles	Rate	Total
				\$ 0.655	\$ -
				\$ 0.655	\$ -
				\$ 0.655	\$ -
				\$ 0.655	\$ -
				\$ 0.655	\$ -
				\$ 0.655	\$ -
				\$ 0.655	\$ -
Subtotal					\$ -

### Other Expenses

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

**Grand Total** \$ -

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

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