

Winnebago Tribe Expense Reimbursement Form

Name: _____

Department: _____ **Winnebago Tribe of Nebraska** _____

Mileage

Date	Destination	Reason-Purpose of Trip	Miles	Rate	Total
				\$ 0.70	\$ -
				\$ 0.70	\$ -
				\$ 0.70	\$ -
				\$ 0.70	\$ -
			Subtotal		\$ -

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____