| SUBJECT SUBJECT | Lac La Ronge Indian Ba Box 190/220, S | MAWIN FIRST NATION and-Amachewespimawin First Nation Stanley Mission, SK S0J 2PO 635-2115, Fax: (306) 635-2265 |
|---------------------|--|--|
| TO: From: RE: | Gordon Hardlotte Short Term Advance | Supervisors to retain copy to ensure no more than 4 Short Term Advances per fiscal year. |
| | ort Term Advance # | |
| Please iss | ue a Short Term Advance to _ | |

for the amount of ______for ______for ______

I am aware and authorize that this advances will be deducted from my next regular pay cheque.

(Date)

(Signature of Employee)

(Signature of Supervisor)