



# AMACHEWESPIMAWIN FIRST NATION

Lac La Ronge Indian Band- Amachewespimawin First Nation

Box 190/220, Stanley Mission, SK S0J 2P0

Business: (306) 635-2115, Fax: (306) 635-2265

## TRAVELING EXPENSES

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

PURPOSE OF TRAVEL \_\_\_\_\_

DATE	FROM	TO	MILEAGE on OTHER	RATE	AMOUNT	MEALS	HOTEL	OTHER	TOTAL
TOTAL CLAIMED									

CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

CHEQUE No. \_\_\_\_\_ CERTIFIED CORRECT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

Transportation and Hotel expenses must be supported by receipts. Attach with expense claim.

WORK PERFORMED, NAMES OF PERSONS CONTACTED, DETAILS ON DISCUSSIONS AND CONCLUSIONS.

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