



**SQUAXIN ISLAND TRIBE
MILEAGE REIMBURSEMENT FORM**

Name: _____

Address: _____

City: _____ State: Washington Zip Code: _____

Acct Charged: _____

Department: _____

DATE	FROM	TO	PURPOSE OF TRIP	MILES ON ODOMETER		TOTAL MILES	TIME STARTED	TIME FINISHED	TOTAL TIME OF TRIP
				AT START	AT FINISH				

MISCELLANEOUS DAILY EXPENSES: Parking, Ferry Fares, Meals (if applicable), Taxi Fares, etc.		RECEIPTS REQUIRED FOR PAYMENT
DATE	DESCRIPTION	AMOUNT DUE

TOTAL MISC. EXPENSES \$ _____

Total Miles _____ X \$ _____ per mile \$ _____

TOTAL DUE TRAVELER. \$ _____

Session ID#:API _____
Invoice #: _____
Invoice Date: _____
Effective Date: _____
Authority: _____

TRAVELER SIGNATURE: _____

DATE: _____

APPROVAL SIGNATURE: _____

DATE: _____