

BOIS FORTE RESERVATION TRIBAL COUNCIL

STATEMENT OF MILES TRAVELED

PERSON RECEIVING SERVICE: _____

PROVIDER OF SERVICE: _____

TYPE OF SERVICE: _____

DATES OF SERVICE: _____

MILEAGE

Departure Date	Start Odometer	From	TO	Stop Odometer	Arrival Date	Miles
					Total	

(1) Mileage-Employee Vehicle _____ MILES @ A rate of \$0.375 per mile _____

(2) Additional Expenses claimed (Receipts required).

DESCRIPTION	AMOUNT
A- _____	\$ _____
B- _____	\$ _____
C- _____	\$ _____
D- _____	\$ _____

TOTAL: EXPENSES CLAIMED: \$ _____

To be reimbursable from the cafeteria plan, mileage must be primarily for and essential to , medical care, parking fees and tolls are also reimbursable if evidence of such expenses are submitted. Substantial mileage may not be reimbursable if there is evidence of personal element. (e.g. Travel to Florida in the winter when closer care is possible).

I certify that this statement and the mileage claimed are true, correct, and complete to the best of my knowledge and belief, and that payment for the amount claimed have not been received or paid and will not be submitted for reimbursement from another source.

SIGNATURE

DATE