MILLE LACS BAND OF OJIBWE MONTHLY MILEAGE REPORT

Employee:_			Moi	nth:	Dept:	
	Account Code:					
Date	Start Destination	End Destination	Begin Odometer	End Odometer	Purpose of Travel	Miles
Rate: Total Miles: Total Reimbursement:						
I certify that the foregoing information is a true, complete, and accurate accounting of my activities to the best of my knowledge and that the claimed amount has not been received.						
Signature of I	Employee:			Date:		-
Signature of Supervisor:				Date:		_
Signature of Commissioner:				Date:		_