



LEECH LAKE BAND OF OJIBWE
MILEAGE REIMBURSEMENT VOUCHER

EXACT DESTINATIONS			EXACT PURPOSE OF THE TRAVEL	ODOMETER		
DATE	START	END	PURPOSE	START #	END #	TOTAL MILES

Total Miles _____ x rate _____ = _____ G/L Date: _____

Program Name and Acct # _____ Program Acct Signature/Date _____

I certify this voucher is true and correct to the best of my knowledge and belief. That payment or credit has not been received by me.

Traveler Signature _____ Date _____

Print Name of Traveler	email/phone	vendor number	worksite location
Approval Signatures			
Supervisor Signature _____			Date _____ Accounting Entry Only Total # of Pages _____
Division Director Signature _____			Total # of Miles _____
Accounts Receivable _____			Total to Pay _____

Please ensure your driver's license and insurance information is up to date with accounting. **Claims can only be reimbursed if they are within 90 days.** You may scan and email this claim to llbotravel@llojibwe.net