HO-CHUNK NATION TREASURY DEPARTMENT

MILEAGE/PERDIEM EXPENSE VOUCHER

_____

DEPARTMENT

REQUESTED BY: _____ **PHONE/EXT:** _____

RETURN TO: _____ ☐ MAIL TO PAYEE ☐ HOLD FOR PICKUP

PAYEE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

	TIME		ODOMETER			CITY		
DATE	LEAVE	ARRIVE	START	END	MILES	FROM	TO	PURPOSE

TOTAL MILES _____ **@** _____ **PER MILE = $** _____

*****MUST HAVE CURRENT COPY OF DRIVER'S LICENSE AND PROOF OF INSURANCE ON FILE AT THE DEPARTMENT OF TREASURY*****

I certify that the expenses contained herein are within the approved budget for the Program/Enterprise to which the expense is to be charged. That this claim is true and correct to the best of my knowledge, payment for the amount claimed has not, and will not, be received from any other source, and that I have a valid driver's license and current insurance coverage.

TRAVELER **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____

SUPERVISOR **PRINT NAME** _____ **SIGNATURE** _____ **DATE** _____