



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
MONTHLY MILEAGE CLAIM FORM

Name:

Date:

Date	Particulars of Trip	From	To	Mileage
TOTAL	KMS		AMOUNT \$	

Signature of Employee _____

Date: _____

Approved by Manager _____

Date: _____

FINANCE USE ONLY:

BATCH #:		ENTERED BY:	
EFT BATCH #:		PAYMENT SUBMITTED BY:	