



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION  
MONTHLY MILEAGE CLAIM FORM**

**Name:**

**Date:**

Date	Particulars of Trip	From	To	Mileage
<b>TOTAL</b>	<b>KMS</b>		<b>AMOUNT \$</b>	

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Manager \_\_\_\_\_

Date: \_\_\_\_\_

**FINANCE USE ONLY:**

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