



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
MONTHLY MILEAGE CLAIM FORM

Name:

Date:

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

Signature of Employee _____

Date:

Approved by Manager _____

Date:

FINANCE USE ONLY:

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