



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

**Name:**

**Date:**

<b>Date</b>	<b>Particulars of Trip</b>	<b>From</b>	<b>To</b>	<b>Mileage</b>
<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:	