

*Miami Nation
Reimbursement Program Claim Form
Fiscal Year 2008 - October 1, 2007 - September 30, 2008*

Date

Name

Address

City *State* *Zip*

Phone

E-mail

Program Applying For:

Tribal Elder Reimbursement

Disability Reimbursement

Make sure you only include receipts for expenses incurred in the current fiscal year.

For the Disability Reimbursement Program the notification of total disability must be included with receipts.

Miami Nation Use Only:

Date received:

All required information included: Yes () No ()

Action Taken: _____

Additional Information: