

**Miami Nation  
Reimbursement Program Claim Form  
Fiscal Year 2012 - October 1, 2011 - September 30, 2012**

Date

Name

Address

City  State  Zip

Phone

E-mail

**Program Applying For:**

Tribal Elder Reimbursement

Disability Reimbursement

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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.

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**Miami Nation Use Only:**

Date Received:

All Required information included: Yes ( ) No ( )

Action Taken: \_\_\_\_\_

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Additional Information: