

**GREENVILLE RANCHERIA**  
410 Main St./P.O. Box 279  
Greenville, CA 95947  
(530)284-7990 – fax (530) 284-7299

**TRIBAL MEETING TRAVEL CLAIM FORM**

**NOTE:** Please send to Fiscal Office as soon as possible for payment.

Date of Meeting: \_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Type of Meeting: \_\_\_\_\_ Tribal Council Meeting Fund: \_\_\_\_\_  
\_\_\_\_\_ Election Committee Meeting Fund: \_\_\_\_\_  
\_\_\_\_\_ Enrollment Committee Meeting Fund: \_\_\_\_\_  
\_\_\_\_\_ Other (explain): \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Per Diem: \_\_\_\_\_ day(s) @ \$ \_\_\_\_\_ = \_\_\_\_\_

Travel Information: Complete below if you took your own car.

Travel Date(s) \_\_\_\_\_ to \_\_\_\_\_

Start: \_\_\_\_\_ Destination: \_\_\_\_\_  
(Home address) (Location of Meeting)

I certify that the foregoing information is true and correct, and that I am entitled to reimbursement of mileage for having driven my own vehicle in the course of duly authorized Tribal business.

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FISCAL:**

Calculation \_\_\_\_\_ @ .535 per mile = \$ \_\_\_\_\_  
Per Diem = \$ \_\_\_\_\_

Council: Stipend \$250.00 per meeting paid monthly  
Council: Honorarium \$110.00 paid for Membership Meetings Stipend = \$ \_\_\_\_\_  
Elections: Stipend \$50.00 per meeting

Total Reimbursement Request \$ \_\_\_\_\_

Fiscal Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_