SENECA - CAYUGA NATION

Tribal Elder Reimbursement Expense Certification Form

Phone Number: (918) 791-6015
Fax Number: (918) 786-9245
PO Box 453220
Grove, OK 74345
E-mail
elders@sctribe.com

Please complete one section for each expense being submitted for reimbursement.

Type of Expense (check one):

- ☐ Groceries
- ☐ Utilities
- ☐ Rent
- ☐ Other _____

Date Expense was paid: _____ **Amount Paid:** _____

Method of Payment (check one):

- ☐ Cash
- ☐ Money Order
- ☐ Check
- ☐ Electronic Payment
- ☐ Debit/Credit Card
- ☐ Other _____

Applicant Certification

I certify that the information provided on this form is true, complete, and accurate to the best of my knowledge. I further certify that the expense listed above was incurred by me and was necessary for my household. The amount requested for reimbursement reflects the allowed $250 amount on application. I understand that providing false or misleading information may result in denial of reimbursement, repayment of funds received, suspension or disqualification from program benefits, and possible legal action if applicable. I understand that this form is being submitted in place of original receipts or other supporting documentation and may be subject to verification or audit.

_____
Applicant Printed Name

_____
Date

_____
Applicant Signature

PROGRAM USE ONLY

This form is to be retained with the applicant's reimbursement file and any supporting documentation provided.

Reimbursement Amount approved $ _____

Verification Completed ☐ YES ☐ NO

Notes: _____

APPROVED BY: _____ DATE APPROVED: _____