



Reimbursement Expense Certification Form

Phone Number: (918) 791-6015

PO Box 453220

E-mail

Fax Number: (918) 786-9245

Grove, OK 74345

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 the 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: _____

FOR OFFICE USE ONLY:	
App #:	_____
Total amount:	_____
Prev. used receipt:	_____



Tribal Elder Application

Phone Number: (918) 791-6015

PO Box 453220

E-mail
Fax Number: (918) 786-9245

Grove, OK 74345

elders@sctribe.com

Submit to the above address - "Attention: Elder app for (insert name)"

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

QUALIFIED NATION ELDERS MUST BE 55 YEARS OF AGE OR OLDER AND MUST HAVE BEEN A MEMBER OF THE SENECA-CAYUGA NATION FOR NO LESS THAN (20) YEARS.

Tribal Elders will be allowed up to \$2,500 each fiscal year (up to 10 monthly disbursements of \$250 per month).

All disbursements depend of funding availability. All applications will need to be submitted on the 1st of the month or after. No early submissions for the next month or months will be accepted. One submission per month will accepted.

☐ **IF you have a new address,** check this box to update your address with ALL departments of the Nation.

☐ Check this box if you have been an enrolled tribal member for at least 20 years.

Are you 55 years or older? ☐ YES ☐ NO

Applicant: _____

AGE: _____

Roll # _____

DOB: _____

Address: _____

E-mail # _____

Phone # _____

I swear and affirm that all the information listed on this document is true and correct. Any tribal member found to be defrauding the Seneca-Cayuga Nation Benefit Program will be suspended indefinitely. Disrespectful behavior to Seneca-Cayuga Nation employees shall also be cause for suspension. By signing the below you agree to these terms.

Applicant Signature

Date

The Tribal Elders must provide ALL the listed information to the Seneca-Cayuga Nation Benefit Department
BELOW IS A LIST OF DOCUMENTATION NEEDED FOR COMPLETION OF THIS CLAIM AND MUST BE SUBMITTED WITH THIS APPLICATION

_____ Copy of the Tribal Membership Card

_____ Copy of all receipts, bills, or other quotes. EBT purchases will not be reimbursed.