



Sioux Federation

"Fostering the understanding and companionship between parent and child"

Reimbursement Form

Date: _____

Tribe: _____

Requestor: _____

Address: _____

City/ State: _____

Event: _____

Guide: ____ Princess: ____ Brave: ____ Maiden: ____

Y-Trail Blazer: ____ Y-Trail Mate: ____

What Was Purchased: _____

Total Amount: \$ _____

Reason For Reimbursement: _____

Authorized By: _____

Signature

Position

Check # _____