

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

ELDERS DEPARTMENT

231-242-1423

7500 ODAWA CIRCLE

HARBOR SPRINGS, MI 49740

**NO RECEIPTS  
NEEDED!**

**FOOD & UTILITY APPROPRIATION ALLOWANCE APPLICATION**

Please print the following information:

CURRENT YEAR: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

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

First

Middle

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Date of Birth (DOB): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above I certify this appropriation will be used towards food, cleansers or utility expenditures.

**DO NOT WRITE BELOW THIS LINE! OFFICE USE ONLY.**

	Amount
Food Reimbursement 2107-2-6370-10	
Utilities Reimbursement 2107-2-6380-10	
<b>Total Amount of Check:</b>	

ACCOUNTING USE ONLY
VENDOR #: _____
A.P. REVIEW: _____
_____
CONTROLLER: _____

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<input checked="" type="checkbox"/>	MAIL:
<input type="checkbox"/>	RETURN TO DEPARTMENT:
<input type="checkbox"/>	OTHER: