

Great Western Network

Voucher Form

Submit this	form to:	Attn: Susan Davis (LEAP.O. Box 160 Turtle Lake, ND 58575	A)		
School or p	erson requ	esting reimbursement: Address :			
Date	Description	1		Amount	

Total Reimbursement Claimed - - - >

GWN Mileage Rate is the same as the State rate for ND.