OGLALA LAKOTA COLLEGE
MILEAGE REPORT

DATE:_____ **ACCOUNT CODE:**_____

_____ _____
NAME **CLAIMANT SIGNATURE**

_____ _____
ADDRESS **SUPERVISOR SIGNATURE**

DATE	FROM	TO	PURPOSE OF TRAVEL	MILES

Effective January 1, 2020

TOTAL MILEAGE:_____ **X .575 PER MILE**