

OGLALA LAKOTA COLLEGE MILEAGE REPORT

DATE: _____

ACCOUNT CODE: _____

NAME: _____

CLAIMANT SIGNATURE: _____

ADDRESS: _____

SUPERVISOR SIGNATURE: _____

DATE	FROM	TO	PURPOSE OF TRAVEL	MILES

Effective January 1, 2018

TOTAL MILEAGE: _____ X.545 PER MILE= _____