

## Oglala Lakota College Mileage Report

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

Account Code: \_\_\_\_\_

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

Claimant Signature \_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_

Date	From	To	Purpose of Travel	Miles

Total Mileage \_\_\_\_\_  
Rate \_\_\_\_\_  
Total Amount