



Standing Rock Sioux Tribe Form

MILEAGE CLAIM FORM

ACCOUNT: _____ DATE: _____

NAME OF TRAVELER _____ TITLE _____

TRAVELING FROM: _____ DATE: _____

TRAVELING TO: _____ TOTAL MILES: _____

PURPOSE: _____

TRAVELING FROM: _____ DATE: _____

TRAVELING TO: _____ TOTAL MILES: _____

PURPOSE: _____

TRAVELING FROM: _____ DATE: _____

TRAVELING TO: _____ TOTAL MILES: _____

PURPOSE: _____

SIGNATURE OF TRAVELER

TOTAL MILES CLAIMED: _____
RATE PER MILE: _____

SIGNATURE OF SUPERVISOR

AMOUNT CLAIMED: _____

SIGNATURE CHAIRWOMAN

Date