SISSETON WAHPETON COLLEGE MILEAGE FORM

EMPLOYEE: _____ POSITION: _____ DEPARTMENT: _____

DATE	FROM	TO	MILES	REASON FOR TRIP

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE STATEMENT OF AUTOMOBILE MILEAGE USED BY MYSELF FOR OFFICIAL BUSINESS FOR THE SISSETON WAHPETON COLLEGE.

TOTAL MILES 0.00 **X 0.50** AMOUNT $0.00

SIGNATURE OF EMPLOYEE _____ ACCOUNT CHARGED _____

SUPERVISOR APPROVAL _____

PRESIDENT/ACADEMIC DEAN APPROVAL _____