



# 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 CHAIRMAN

Date \_\_\_\_\_