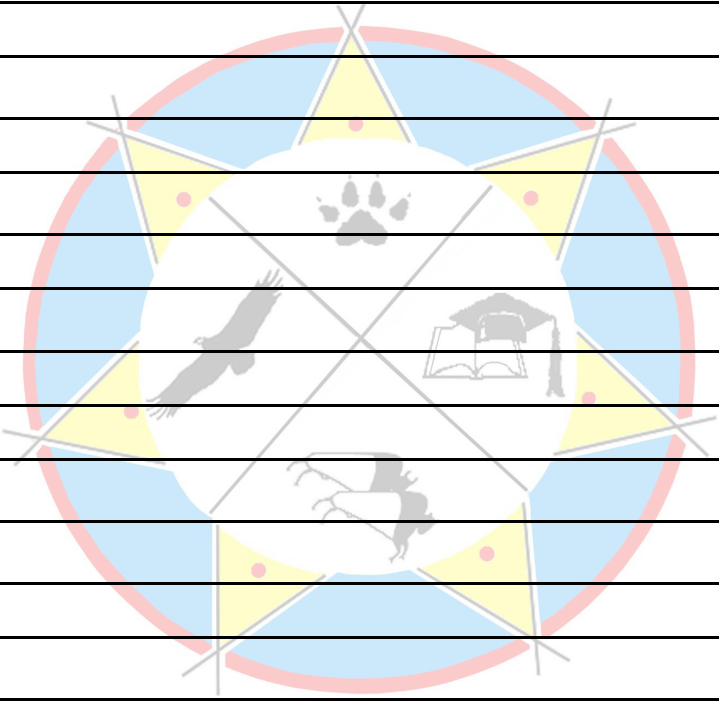


SISSETON WAHPETON COLLEGE MILEAGE FORM

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 _____ **CAEH** AMOUNT _____

SIGNATURE OF EMPLOYEE _____ ACCOUNT CHARGED _____

SUPERVISOR APPROVAL _____

PRESIDENT/ACADEMIC DEAN APPROVAL _____