NUETA, HIDATSA, SAHNISH COLLEGE
MILEAGE FORM

Vendor Name & No. _____

Date	Location Traveled From:	Location Traveled To:	Purpose/Description	Total Miles

_____ TOTAL MILES @ _____ Per Mile _____

(Refer to www.gsa.gov for current mileage rate)

I Certify that this statement and the amounts claimed are true, current and complete to the best of my knowledge and belief.

Employee Signature	Date	Supervisor/Program Administrator	Date
Business Manager *(Rose M. Crow Flies High)*	Date	President *(Twyla B. Baker-Demaray)*	Date

FUNDING CODE: _____