CLASS ATTENDANCE MILEAGE VOUCHER

NAME OF TRAVELER:_____ **PROGRAM:** _____

HOME ADDRESS: _____

_____

DATE	ODOMETER READING		FROM	TO	PURPOSE OF TRIP	TOTAL MILEAGE	INSTR. INITIALS
	BEGINNING	ENDING					

I certify that this statement, the amounts claimed and attachments are true, correct and complete to the best of my knowledge and belief, and that payment for the amount claimed has not been received.

_____ _____

SIGNATURE OF TRAVELER Date

_____ _____

EXECUTIVE DIRECTOR HEAD START GRANTEE DIRECTOR Date

Revised 6/2015