

MILEAGE VOUCHER

NAME OF TRAVELER: _____

PROGRAM: Head Start

HOME ADDRESS: _____

DATE	ODOMETER READING		FROM	TO	PURPOSE OF TRIP	TOTAL
	BEGINNING	ENDING				MILEAGE
TOTAL:						

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

SIGNATURE OF SUPERVISOR

Date