

**MILEAGE VOUCHER**

NAME OF TRAVELER: \_\_\_\_\_

PROGRAM: Head Start

HOME ADDRESS: \_\_\_\_\_

DATE	ODOMETER READING		FROM	TO	PURPOSE OF TRIP	TOTAL
	BEGINNING	ENDING				MILEAGE
<b>TOTAL:</b>						

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