AMERICORPS*VISTA STATEMENT OF MILEAGE

AMERICORPS*VISTA			**STATEMENT OF MILEAGE**	
1. **Name of VISTA (PRINT)**			2. **DSU 900#**	3. **Report for (Month/Year)**
Date(s)	Odometer Reading		Total Miles Traveled	Purpose of Trip
VISTA's Signature **X**				Date
Sponsoring Project Site		**Signature of Supervisor** **X**		Date
Program Associate's Signature		Project Director's Signature		Date

This form should be completed and turned in by the 3rd of each month with your time sheet to Linda Stringfellow at DSU Box 3134, Cleveland, and MS 38733. Please note: The form must be signed by the VISTA member and the Project Site Supervisor.