MISSISSIPPI DELTA SERVICE CORPS/
AMERICORPS*VISTA
STATEMENT OF MILEAGE

AMERICORPS*VISTA		**STATEMENT OF MILEAGE**		
1. Name of VISTA		2. Social Security No.		3. Report for (Month/Year)
Date	Odometer Reading		Total Miles Traveled	Purpose of Trip
VISTA's Signature				Date
Sponsoring Project Site		Signature of Supervisor		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 Carlisla Johnson at P.O. Box 3134, Cleveland, MS 38733. Please note: The form must be signed by the VISTA member and the Project Site Supervisor. Each member is allowed up to $60.00 per month for travel associated with the VISTA project.