



MILEAGE VOUCHER

NAME: _____ SSN: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SCHOOL: _____ PHONE NUMBER _____

Check One: Advisor * Other: _____

DATE	DESTINATION	EVENT/PURPOSE	MILEAGE
*****	*****	*****TOTAL MILEAGE *****	
***** TOTAL DUE: (TOTAL MILEAGE @ \$0.50 PER MILE) =			

PLEASE NOTE: MILEAGE IS PAID FROM CITY LIMITS TO CITY LIMITS ONLY.

I hereby certify that the above travel has been completed for the stated purpose, that the expenses incurred were necessary and proper, that the above itemized amount is just and true in all respects, and that no part thereof has been requested or paid from another source.

Signature of Payee/Date

Regional Coordinator

ACCT	
FUND	
CLASS	
APPRD	
ENTRD	