NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
MILEAGE AND MISCELLANEOUS EXPENSE SHEET

DATE_____

NAME_ (Please Print) _____ TITLE_____

ADDRESS_____CITY_____STATE_____ZIP_____

REASON FOR TRAVEL_____

Date Began	Show point travel began, each point visited And point at which travel ended.	Date of Return	Odometer Beginning	Readings Ending	Number Of Miles

TOTAL MILES_____

MISCELLANEOUS_____

TOTAL MISC. _____

_____

TOTAL TRAVEL_____

_____

TOTAL EXPENSE THIS REPORT_____

SIGNATURE _____

APPROVED FOR PAYMENT
_____/_____
DATE_____/CHECK#_____

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
MILEAGE AND MISCELLANEOUS EXPENSE SHEET

DATE_____

NAME_____ **TITLE**_____

ADDRESS_____**CITY**_____**STATE**_____**ZIP**_____

REASON FOR TRAVEL__to attend the Policy Council meeting in Aberdeen_____

Date Began	Show point travel began, each point visited And point at which travel ended.	Date of Return	Odometer Beginning	Readings Ending	Number Of Miles

TOTAL MILES_____

MISCELLANEOUS_____ **TOTAL MISC.** _____

Name of babysitter:_____ **TOTAL TRAVEL**_____

Cost of sitter (up to $10.00):_____ **TOTAL EXPENSE THIS REPORT**_____

SIGNATURE _____

APPROVED FOR PAYMENT
_____/_____
DATE_____/CHECK#_____

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
MILEAGE AND MISCELLANEOUS EXPENSE SHEET

DATE_____

NAME_____ TITLE_____

ADDRESS_____CITY_____STATE_____ZIP_____

REASON FOR TRAVEL_____

Date Began	Show point travel began, each point visited And point at which travel ended.	Date of Return	Odometer Beginning	Readings Ending	Number Of Miles

TOTAL MILES_____

MISCELLANEOUS_____

TOTAL MISC. _____

_____

TOTAL TRAVEL_____

_____

TOTAL EXPENSE THIS REPORT_____

SIGNATURE _____

APPROVED FOR PAYMENT

_____/_____

DATE_____/CHECK#_____