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#_____