

AMERICORPS*VISTA

STATEMENT OF MILEAGE

1. Name of Vista		2. Social Security No.	3. Report for (Month/Year)
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Date	Odometer Reading		Purpose of Trip	Total Miles Traveled
	Beginning	End		

VISTA'S Signature	Date
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CNCS APPROVAL		
Typed Name of Sponsor	Signature	Date

CNCS APPROVAL		
CNCS State Director (Authorizing Signature)	Signature	Date