AMERICORPS*VISTA

USE OF VEHICLES OR PUBLIC TRANSPORTATION

*The AmeriCorps*VISTA Sponsor or Supervisor should complete this form for each vehicle and/or when public transportation is used in accomplishing the work of the member. Complete only applicable sections. (Please type or print.)*

Name of Project	City, State

Type of Transportation (Check applicable boxes.)

✍Member-owned vehicle ✍Project-owned vehicle ✍Public transportation

Name of AmeriCorps*VISTA Member

A.	Vehicle Make, Style and Year	State	License Number
	Name of Insurance Company		Who Pays Operating Cost for Vehicle?
	Amount and Type of Coverage		Estimated Number of Miles Traveled Monthly
			Other Drivers (If applicable)
	Primary Driver		

B. Insurance/Licensing Certification

The owner certifies that this vehicle is licensed and insured as required by the State of _____ and local laws.

_____ _____

Signature of Vehicle Owner Date

C.	Public Transportation	Estimated number of trips (monthly)	Estimated cost per trip

D. Describe purpose of all travel (To be completed for both vehicles and public transit.)

Typed name of Sponsor or Supervisor	Signature	Date
Transportation plan is ✍ Approved ✍ Disapproved	Signature (CNS State Official)	Date