NWCA, INC. – HEAD START/EARLY HEAD START PROGRAM

PARENT MILEAGE EXPENSE REPORT

Name: _____ Mailing Address: _____

Mileage Expense:

Date	Purpose	Odometer Begin	Odometer End	Total Miles

I certify that this statement and the amounts claimed herein are true, correct and complete to the best of my knowledge, and that payment for the amount claimed as not been received.

Parent Signature: _____ Date: _____

Approved By (Teacher): _____ Date: _____

Approved By (Director): _____ Date: _____

Head Start provides payment for mileage at the rate of 20 cents per miles. Payment is provided for mileage only when Head Start parents are involved in the following activities: Parent Orientation; Parent Workshops; Adult Education Classes: Referral appointments not within our service area. Any expenses incurred for any other reason is the responsibility of the parent.

Office Use Only:

Voucher Number: _____ Meeting Date: _____

Vendor Number: _____ Net Due: _____

Y	FFF	DDD	PP	SS	OOOO	$$$$$$cc	Description