Tennessee's Community Assistance Corporation
Mileage Reimbursement for the Month of _____ 20__
Fax to 423.587.0783 attn: Evonne

Date	Beginning Odometer Reading	Ending Odometer Reading	Destination & Purpose	Miles Traveled
			Total Miles	

Mileage Expense (Total # Miles)_____x ____.42____(rate)	**Amount Due to Driver** $

I hereby certify that these expenditures were made in the course of service and they are true and correct to the best of my knowledge, and were made and reported in accordance with established travel policies.

AmeriCorps member/or VISTA signature: _____ ***Date***_____
Please print your name for me in case I cannot read your handwriting:_____
TCAC staff approval for payment_____ ***Date***_____

VISTA's may claim up to 100 miles per month. AmeriCorps Community Cares members should only use the mileage sheets as they are issued for events or special Corps training. Day to day site mileage for Community Cares members is paid by the site that they are assigned to.