

Arkansas State University
Professional Education Programs
Personal Vehicle Mileage

Please circle the type of supervision

Early Field Experiences
(ECH Field I & III) and (MLED & Secondary Field I & II)

Teacher Intern (ECH, MLED, Secondary)
MAT Teacher Intern

Practicum (Psychology Graduate)

If you have more than one type of supervision please use a **separate** form for each.

Example:

Travel Date	Destination	Odometer Reading		Total Miles
		Beginning	Ending	
1/11/14	Paragould	xxxxxxx	xxxxxxx	xx
	Greene County Tech	xxxxxxx	xxxxxxx	xx

Eight/Twelve/Sixteen-Week Period Beginning _____ and Ending _____
Month Day Year Month Day Year

Car License Number _____ ASU ID Number _____

Travel Date	Destination*	Odometer Reading		Total Miles
		Beginning	Ending	

Signature _____

Total

*Designate if point of origin is other than Arkansas State University Campus. REVISED 12/1/2013