

TENNESSEE STATE UNIVERSITY COOPERATIVE EXTENSION PROGRAM
Monthly Itinerary and Mileage Report for Agents

NAME:

COUNTY:

MONTH:

Date	MILEAGE		Miles	COMMUNITIES VISITED
	ODOMETER READING			
	Beginning	Ending		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

I certify that I have driven a personally owned automobile in the performance of my duties for Tennessee State University Cooperative Extension Program, as indicated above and claim is made for reimbursement at the currently approved rate.

Signature: _____
Employee Date

Approved: _____
County Extension Leader, Supervisor, or Dean Date

Approved: _____
Extension Administrator Date