Delta Vision Home & Community Program
Mileage Log

Parent/Guardian: _____

Resource Consultant: _____

Attach mileage verifications to this completed form (printouts from Map Quest, AAA, etc.)

Date	Description of Trip	Total $	ILP Subject	Starting Pont	Destination	Total Miles	$.30/mi	Total Trip Miles
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
							0.30	$0.00
					Grand Total:			$0.00