Arkansas State University
Professional Education Programs
Personal Vehicle Mileage

SCED Field Internship I Practicum (SPED) Capstone Intern
(Please circle the type of supervision)

If you have more than one type of supervision on this form, please indicate in parenthesis by the point of destination if it is **I** = Internship I, **P** = Practicum, or **CI** = Capstone Intern.
Example:

Travel Date	Destination From:	Destination To:	Odometer Reading Beginning	Odometer Reading Ending	Total Miles
1/15/19	A-State (**CI**)	Wynne High School, 800 Jackson Ave, Wynne, AR 72396	xxxxxxxx	xxxxxxxx	xx
1/18/19	Home, 410 Holman, Brookland, AR 72417 (**P**)	GCT Primary, 1300 S. Rockingchair Road, Paragould, AR 72450	xxxxxxxxx	xxxxxxxx	xx

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

Car License Number _____ ASU ID Number _____

Travel Date	**Destination From**	**Destination To**	**Odometer Reading** Beginning	**Odometer Reading** Ending	**Total Miles**

Name (print) _____ Total _____

Signature _____

*Attach a copy of the Trip Optimizer for each trip that exceeds 100 miles (round trip) before submitting Travel Log to PEP Office.

REVISED 12/9/2019