Practicum Mileage Form

MONTH OF _____

Name _____ Soc Security # _____

Vehicle Tag # _____

Purpose of Trip: Travel to various agency sites to carry out duties as practicum liaison. Includes visiting agency and meeting with practicum instructor and/or preceptor and the practicum student(s)

Date of Travel	**List travel from Norman to what city and to what agencies you are visiting**	**Mileage**	**Cumulative Mileage**

Turn in your practicum liaison mileage to Laurie Bradford on a monthly basis.