EASTERN OREGON UNIVERSITY

Must be turned in Monthly

Supervision Travel Log

Date: _____

Name: _____ **Month of:** _____

CUESTE	MAT	Student's Name	Location	Mileage	Travel Date
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☐	☐				
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☐	☐				
			Total Miles Traveled During Month--	0	

Please indicate if the student you are supervising is in our CUESTE or MAT program.