

Individuals Name:						<u> </u>
Name of	Parent/Guardi	an, Family Me	mber Residing	with:		<u> </u>
Address	of Parent/Gua	rdian:				
Date	Beginning	Ending	Total	Rate Pd.	Total	To / From
	Mileage	Mileage	Miles	Per Mile	Paid	
				0.670		
				0.670		
				0.670		
				0.670		
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				0.670		
				0.670		
Total	•					
I hereby	certify that the	above is an ac	ccurate statem	ent of mileage in	curred.	
	of Parent/Guar Member Residii				D:	ate
or raining	IVICITIDEL NESIGII	IIS WILLI			D.	