

Name of	Parent/Guardi	an, Family Me	mber Residing	with:		
Address	of Parent/Gua	rdian:				
Date	Beginning	Ending	Total	Rate Pd.	Total	To / From
	Mileage	Mileage	Miles	Per Mile	Paid	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
				0.70	\$0.00	
Total					\$0.00	
hereby	certify that the	above is an ad	ccurate statem	ent of mileage in	curred.	
	of Parent/Guar Member Residii				Da	ate