

Individuals Name: _____

Name of Parent/Guardian, Family Member Residing with: _____

Address of Parent/Guardian: _____

Date	Beginning Mileage	Ending Mileage	Total Miles	Rate Pd. Per Mile	Total Paid	To / From
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
				0.560	\$0.00	
Total					\$0.00	

I hereby certify that the above is an accurate statement of mileage incurred.

Signature of Parent/Guardian
or Family Member Residing with _____

_____ Date