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| **Operator (Driver) Title**  **Agency**  **Tag Number** |  | | |
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|  | **Month/Year** |  |

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| **DATE** | **OFFICIAL MILES** | **COMMUTING MILES** | **TOTAL ALL MILES** |
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| **TOTALS:** |  |  |  |

I hereby certify that the above is true and correct to the best of my knowledge.

Signed (Operator):