## MARC MILEAGE PROGRAM REPORTING FORM: PERIOD ENDING DECEMBER 31, 20

Region or Individual Name:					Date:			
Mileage Coordinator:								
Name				Phone	Phone Email			
Mailing Address:	Number & Street			City		State	ZIP	Code
NAME (Last, First)	VEHICLE			Last Odometer	Odometer	Miles	Previous	Cumulative
	Vehicle ID No. (Engine, Serial, MVA, etc.)	Model Year	Body Style	Reading Reported	Reading Dec. 31	Driven This Report		Total Miles Driven*
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		}						
Return no later than FEBRUA	RY 28 to:	1				1	*These colur	mns optional.

Betty Fisher, Chairman, MARC Mileage Program, 7049 Ridge Road, Hanover, MD 21076-1426 or email to marcmileage@comcast.net.