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

Region or Individual Name: _____ Date: _____

Mileage Coordinator: _____ (Name) _____ (Phone) _____ (Email)

Mailing Address: _____ (Number & Street) _____ (City) _____ (State) _____ (ZIP Code)

NAME (Last, First)	VEHICLE			Last Odometer Reading Reported	Odometer Reading Dec. 31	Miles Driven This Report	Previous Total Miles Driven*	Cumulative Total Miles Driven*
	Vehicle ID No. (Engine, Serial, MVA, etc.)	Model Year	Body Style					

Return no later than FEBRUARY 28 to: *These columns optional.

Michael Wilcher, MARC Mileage Program, 1837 Columbine Circle Lebanon, OH 45036-8093 email to marcmileagechairman@gmail.com