**BUS MILEAGE FORM**

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| --- | --- |
| **Trainer/Examiner** |  |
| **Month/Year** |  |
| **County** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Student** | **Bus #** | **Beginning Mileage** | **Ending Mileage** | **Total Mileage** |
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Please complete and submit form to the appropriate County Transportation Department at end of each month for bus usage verification.