

### Summary Report of Personal Vehicle Use

|                |            |
|----------------|------------|
| Consumer Name: | MA Number: |
| Month:         | Year:      |

|       |
|-------|
| From: |
| To:   |

| Date | Description               | Cost Per Mile | # of Miles/Day | Amount |
|------|---------------------------|---------------|----------------|--------|
|      | To and From               |               |                |        |
| 1    |                           |               |                |        |
| 2    |                           |               |                |        |
| 3    |                           |               |                |        |
| 4    |                           |               |                |        |
| 5    |                           |               |                |        |
| 6    |                           |               |                |        |
| 7    |                           |               |                |        |
| 8    |                           |               |                |        |
| 9    |                           |               |                |        |
| 10   |                           |               |                |        |
| 11   |                           |               |                |        |
| 12   |                           |               |                |        |
| 13   |                           |               |                |        |
| 14   |                           |               |                |        |
| 15   |                           |               |                |        |
| 16   |                           |               |                |        |
| 17   |                           |               |                |        |
| 18   |                           |               |                |        |
| 19   |                           |               |                |        |
| 20   |                           |               |                |        |
| 21   |                           |               |                |        |
| 22   |                           |               |                |        |
| 23   |                           |               |                |        |
| 24   |                           |               |                |        |
| 25   |                           |               |                |        |
| 26   |                           |               |                |        |
| 27   |                           |               |                |        |
| 28   |                           |               |                |        |
| 29   |                           |               |                |        |
| 30   |                           |               |                |        |
| 31   |                           |               |                |        |
|      | <b>Subtotal</b>           |               |                |        |
|      | <b>Total Check Amount</b> |               |                |        |

(Per Month)

Consumer's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's Name :

Driver's Address: