



MEDICAL MILEAGE RECORD

I certify that these records are true and accurate.

(to be signed at recertification. Please place in document drop box one week before your certification date.)

Tenant Signature

Date

| Destination Address | Actual Cost: Attach Receipt (e.g. bus or taxi fare) | Date |
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| Destination Address | Actual Cost: Attach Receipt (e.g. bus or taxi fare) | Date |
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Centennial Village
Form AR-10(2)

| Destination Address | Actual Cost: Attach Receipt (e.g. bus or taxi fare) | Date |
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