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| **Appendix E.4****Preventive Maintenance Expense Log****SUBRECIPIENT / TRANSIT AGENCY** |

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| **Subrecipient:** | Insert Text | **Service Provider:** | Insert Text |
| **Reimbursement Period/Year:** | Insert Text | **Grant #:** | Insert Text |

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| **Vehicle ID (VIN #)** | **Description of Maintenance or Purchase** | **Quantity** | **Charge** | **Subtotal** |
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|  |  |  | **Total Charges** | **$0.00** |

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| ***\*\*\*All receipts and/or invoices from the vendor should be attached to this document.***  |

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| [ ]  By checking this box or signing below, I certify that I am the authorized representative and that this document is correct to the best of my knowledge.  |

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| Insert Text | Insert Text | Insert Text |
| **Name/Title** | **Signature (electronic ok)** | **Date** |