# Mississippi Wing
# Civil Air Patrol

## Vehicle Annual Maintenance Summary

**Year** _____

**Vehicle No.** _____ **Unit** _____

**Start Mileage** _____ **End Mileage** _____

**Maintenance Completed**

| Date | Cost | Description of Maintenance |
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**Maintenance Completed**

| Date | Cost | Description of Maintenance |
|---|---|---|
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