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| **Ministry of Health** | | | | | | | | | | | | | | |
| **NSTS Vehicle or Motorcycle Mileage & Fuel Records** | | | | | | | | | | | | | | |
|  | |  | |  | |  | |  |  | |  | |  | |
| Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| Vehicle Registration: GSD ……….. UN Type of Fuel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| **Date** | **START** | | **FINISH** | | **Current Mileage** | | **Liters of Fuel** | | | **No. of Tyres Change/Repair** | | **Next Service due** | | **Service/Fuel Location** |
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| **TOTAL** |  | |  | |  | |  | | |  | |  | |  |
|  |  | |  | |  | |  | | |  | |  | |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |  | |  | |  |