

Allowance in Lieu of Bus Service Form

Parent/Guardian _____ Phone # _____

Reason for no bus service _____ Bus Driver _____

Mailing Address _____

DATE	KM TRAVELLED	NAME OF STUDENT	SCHOOL
KM are paid at Division approved rates		Total amount of claim (km x rate) \$0.47/km	

- Claims must be submitted within the month they occur.
- This allowance does not apply to days when bus service is cancelled due to inclement weather.
- To receive this reimbursement, you must have at least four consecutive days without bus services.

Parent signature _____ Date _____

By signing the above, I certify that the above information is correct and to the best of my knowledge.

Attendance has been verified (please check) Principal signature _____

KM have been verified (please check) Transportation Supervisor _____

Date submitted to Accounts Payable _____