

### 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) <u>\$0.55/km</u>	

- 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 \_\_\_\_\_