

STUDENT MILEAGE CLAIM FORM

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Parents/Guardians who:

- i) provide transportation for their child to meet an existing bus route
- ii) provide transportation to attend non-division schools, or
- iii) provide transportation to a division program where no bus route is available to accommodate their child.

may submit a claim form semi-annually(end of December and June) or (end of January and June in semester programs) for reimbursement at the current mileage rate(\$2.03 per day) up to a maximum of \$375.00 annually (the current grant amount as established by Manitoba Education).

Claim Information:

Student: _____ School: _____

Period of Claims: from _____, 20____ to _____, 20____

TOTAL DAYS IN ATTENDANCE THIS CLAIM PERIOD: _____

TOTAL MILEAGE EACH DAY: _____ km., OR _____ mi.

PARENT/GUARDIAN NAME (please print): _____

MAILING ADDRESS: _____

Date

Parent/Guardian Signature

FOR OFFICE USE ONLY: Amount payable this claim: _____

Transportation Department Approval: _____

Secretary –Treasurer’s Approval: _____

V # _____ Inv # _____ Date _____ Total \$ _____

FUND	OBJECT	FUN.	PROG	LOC	GST CODE	AMOUNT
1		00				
1		00				
1		00				