



Rainy River District Transportation Services Consortium

Re-Imbursement for Student Transportation- F06

Name of Applicant(Parent): _____ Date: _____

Address: _____

Details of actual Transportation:

Date	Description	Kilometers
TOTAL KILOMETERS		

Principals Certificate of Attendance:

This will certify that (pupil's name) _____ ,attended school
 for _____ days during the period from _____ to _____ .

Principal's Signature: _____ Date: _____

Calculation of claim:

_____ Kilometers @ \$.70 (up to 5000)		\$	0.00
_____ Kilometers @ \$.64 (5001 and beyond)		\$	0.00
	Total (km cost)	\$	0.00
_____ Day @ \$40.00 maximum per school day attended		Total (day)	\$ 0.00
LOWEST OF (km's) or (day)	----- Reimbursement Due -----	\$	_____

Signature of Applicant: _____

Signature of Manager of Transportation: _____

BUDGET ACCOUNT #