



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 @ \$.58 (up to 5000) | | \$ | 0.00 |
| _____ Kilometers @ \$.52 (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 #