



# 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
<b>TOTAL KILOMETERS</b>		

**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 @ \$.54 (up to 5000)		\$	0.00
_____ Kilometers @ \$.48 (5001 and beyond)		\$	0.00
	<b>Total (km cost)</b>	\$	0.00
_____ Day @ \$40.00 maximum per school day attended		<b>Total (day)</b>	\$ 0.00
LOWEST OF (km's) or (day)	----- <b>Reimbursement Due</b> -----	\$	_____

Signature of Applicant: \_\_\_\_\_

Signature of Manager of Transportation: \_\_\_\_\_

BUDGET ACCOUNT #