

IN-LIEU-OF TRANSPORTATION REQUEST FOR PAYMENT

TO BE COMPLETED BY PARENT/GUARDIAN

REPORTING PERIOD: (circle the month and all dates your vehicle was used to transportation for your child/children during this reporting period)

AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18	19	20	21	22	23	24	25	26	27	28	29	30	31			
<u>NAMES OF STUDENTS</u>				<u>GRADE</u>				<u>SCHOOL ATTENDED</u>								
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DRIVER: Father ☐
Mother ☐
(✓ one) Guardian ☐

Total miles for one round trip _____
Times number of days driven _____
Times \$.27 per mile = Amount Due _____

Pay to: Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

I hereby attest that all of the above facts as presented by me are true and correct.

Date: _____ Signed: _____
(Parent/Guardian)

Submit to: EUREKA COUNTY SCHOOL DISTRICT, PO BOX 249, EUREKA, NV 89316

I certify that the identified students were present in school for the days indicated.

Date: _____ Signed: _____
(School Principal or Attendance Clerk)