Transportation: 37 Paul Drive, Moose Jaw P 306-694-8750 E transportation@prairiesouth.ca Mailing Address: 1075 9th Avenue N.W., Moose Jaw, SK S6H1V7

prairiesouth.ca

ALLOWANCE IN LIEU OF BUS SERVICE

SCHOOL:				Month/Year:					
Student Name(s):									
Parent/Guardian Na	me:								
Mailing Address (inclu	ude postal code)	:							
Physical Address/Lai	nd Location:								
Phone:			Em	ail:					
Regular Bus Driver's	Name:								
Date Drove	Number of KMs	AM 🗸	PM 🗸		Date Drove	Number of KMs	AM ✓	PM ✓	
		-							
		 							
		 							
Total KMs Driven:		_							
rate (AP 556 define Claims must be sub This allowance doe To receive this rein Carpooling should Completed forms r	es the conveyor bmitted withing es not apply to mbursement, we be arranged we must be email	ance allo n the mo o days wh you mus where po led to the	owance) onth for v hen bus t have at ossible. e Transp	to a whic serv t lea orta	rent per kilometer comaximum of \$50/day th travel occurred. ice is cancelled due to st four consecutive di tion Manager at tran	y. o weather. ays without bus sportation@pra	services	i.	
Parent/Guardian Sign	nature				Date				
		rified:to	OFFICE tal KMs:		E ONLY	1.2.14.175.520	.216	00	