



Emery County School District

Mileage Reimbursement Fee-In-Lieu of Transportation

This form is completed by parents of qualifying students and turned into the School Secretary, who will attach documentation of attendance for each day requested. The Principal will then sign the form and turn it into the Transportation Department for verification of mileage and approval. The form will then be sent to the District Office for final approval and payment. Payment will typically be received 2-3 weeks after turning the form into the school. If the form is opened in Acrobat Reader, mileage & totals will automatically calculate.

Student's Name(s): _____ Mailing Address: _____ Phone Number: _____

Parent's Name(s): _____ Physical Address: _____ Date: _____

School of Attendance: _____ Miles from Home to Nearest Bus Stop (to the 1/10th of mile): _____ (will be verified)

Month	Please List the Dates of Attendance for Each Month (Verified by Secretary with School Records)	Total # of Round Trips	Miles Per Round Trip	Total Miles	Mileage Rate	Monthly Amount Due	
August				0.0	\$ 0.50	\$ 0.00	
September				0.0	\$ 0.50	\$ 0.00	
October				0.0	\$ 0.50	\$ 0.00	
November				0.0	\$ 0.50	\$ 0.00	
December				0.0	\$ 0.50	\$ 0.00	
January				0.0	\$ 0.50	\$ 0.00	
February				0.0	\$ 0.50	\$ 0.00	
March				0.0	\$ 0.50	\$ 0.00	
April				0.0	\$ 0.50	\$ 0.00	
May				0.0	\$ 0.50	\$ 0.00	
Account: 10-200-xx-0000-2700-515					Total In-Lieu of Transportation Payment:		\$ 0.00

Parent or Guardian Signature: _____ Transportation Approval: _____

Principal's Approval: _____ District Office Approval: _____