

CASSIA JT. SCHOOL DISTRICT NO. 151

3650 Overland
Burley, ID 83318
208-878-6600

Name _____

Address _____ City _____ State _____ Zip _____

PAYMENT IN LIEU OF TRANSPORTATION CLAIM FOR THE MONTH(S) OF: _____

I certify that I am entitled to payment in lieu of transportation per Idaho Code 33-1503 for the following:

NAME	GRADE	SCHOOL	DISTANCE
TOTAL MILES			
X \$0.575 per mile+			
\$10.00 per month			
Total Amount of Claim			

Transportation must be in excess of 1.5 miles. Rate of pay is \$10.00 per month per family plus \$0.575 per mile. Payments will not be made to parents if children and parents are living in town. This form must be submitted each time payment is requested.

_____1) I certify that bus facilities are not available and I provided transportation as listed above to school (or to the bus route, whichever is closer) from the students place of residence.
Initial

or

_____2) The above children were required to board in town with persons other than parents of guardians because of the unavailability of transportation.
Initial

Date: _____

Signed: _____

Applicant

Date: _____

Signed: _____

Transportation Supervisor