

Transportation Assistance Report Monthly - Days in Attendance

Month of Transportation	
_____-TA (Year YYYY) (Month MM)	Please submit <u>one per month</u> of transportation Example: 2019.01-TA for Jan 2019 transportation

Pupil Information	
Please list pupils in receipt of Transportation Assistance and the number of days they attended school during the month.	
Pupil's Name	Number of Days in Attendance

Parent or Guardian Information			
Name and address of Parent or Guardian receiving assistance			
Name:			
Address:			
City:		Postal Code:	

Approved for Payment			
Principal Signature:		School:	
		Date:	

G/L Code	Total Amount (Board Office Completes)
7-70-33200-4	\$

Please submit the last day of each month to:
 Accounts Payable, School Board Office
 Phone: 250-505-7052 | Email: accounts.payable@sd8.bc.ca