Form 17-4

May 1998

TRANSPORTATION CLAIM FORM – SPECIAL NEEDS STUDENTS

For the month of

Name of Claimant _____

Name of Student _____

Name of School _____

Number of Days Transported _____ Number of Km Transported per Day _____

Calculation

(No. of Days) *X (No. of kilometers)* *X (rate per AP 500 Appendix – Schedule of Fees and Rates)*

Total Amount _____

_____ _____

Claimant/Teacher Assistant Signature Date

_____ _____

Principal's Signature Date