Washington County School District

STUDENT TRANSPORTATION REQUEST FOR PAYMENT

2015-2016 School Year

MAKE CHECK PAYABLE TO :

NAME _____ **School** _____
(one form per school)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

STUDENT NAMES	GRADE

DATES	MILES PER DAY*

*** Miles calculation= transporting student one way to school /stop and one way home from school/stop.**
All requests for payment must be submitted to the school no later than the last day of school.

Signature of Applicant _____

OFFICE USE ONLY

TOTAL DAYS _____ X TOTAL MILES _____ X .40 = _____

APPROVAL

WCSD Form 611 06/2015 Updated