

**ALLOWANCE IN LIEU
OF BUS SERVICE
Form 558-1**



Parent/Guardian: _____ Phone: _____

Reason for no bus service: _____ Bus driver: _____

Mailing address: _____

DATE	HALF OR FULL DAY	NAME OF STUDENT	SCHOOL
Km are paid at Board rate. Total amount of claim (km x rate)			

- Claims must be submitted within the month they occur.
- This allowance does not apply to days when bus service is cancelled due to inclement weather.
- To receive this reimbursement, you must have at least two or more days a month without bus services.
- Mileage is incurred while the student is in the vehicle being transported to and from the school.
- The ORIGINAL form must be received at the Turtleford office.

Parent signature: _____ Date: _____

Attendance has been verified (please check) Principal signature: _____

KM and days have been verified by Transportation Supervisor: _____

Land Location: _____ KM one way: _____ Total KM : _____

Date Submitted to Accounts Payable: _____

Meadow Lake Office · 525 – 5th Avenue West, Meadow Lake, SK S9X 1B4 · Ph (306) 236-5614 · Fx (306) 236-3922
 South Office · Box 456, Marshall, SK S0M 1R0 · Ph (306) 387-1200 · Fx (306) 387-1204
Turtleford Office · Box 280, Turtleford, SK S0M 2Y0 · Ph (306) 845-2150