Office of Christine Lizardi Frazier
Kern County Superintendent of Schools
Advocates for Children

CLAIM FOR PAYMENT OF IN-LIEU TRANSPORTATION

PLEASE COMPLETE MONTHLY AND RETURN TO:
Office of Larry E. Reider
Kern County Superintendent of Schools
Attn: Transportation Services
1300 17th Street - City Centre
Bakersfield, CA 93301-4533

Make warrant payment to:_____
Mailing Address: _____
_____
Month: _____

NAME OF STUDENT	1st Week					2nd Week					3rd Week					4th Week					5th Week				
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
1.																									
2.																									
3.																									
4.																									
5.																									
6.																									
TOTAL MILEAGE PER DAY																									

TOTAL MILES TRAVELED:_____ @ _____per mile TOTAL CLAIM:_____

Explanation:_____

_____

Please use (x) for students riding, (0) for absence. An (*) should be used explaining about any unusual mileage or circumstance.

I HEREBY CERTIFY THAT: The above claim and items, amounts and statements are true and correct. No part has been heretofore paid. The amount claimed is justly due and is presented within thirty (30) days after the last item has been accrued.

_____ _____
Claimant's Signature Date

Certificate of School Administrator or Teacher:

I hereby certify that I have checked the attendance of the pupil(s) transported and verify the above claim as to the number of days the pupil(s) attended.

_____ _____
Teacher/Principal Date

KERN COUNTY SUPERINTENDENT OF SCHOOLS

_____ _____
Director, Transportation Services Date

Charge to: Transportation Services 01-100-7240-0-5800.62-5001-3600-00-0000-000