

**LEWIS COUNTY BOARD OF EDUCATION**  
**Student In-lieu of Transportation Monthly Report**

Complete a report for each calendar month the student is transported to school or the bus stop by a provider other than the Transportation Department of Lewis County Schools.

Student(s) name: \_\_\_\_\_ School: \_\_\_\_\_  
 Calendar month: \_\_\_\_\_

Date	Miles	Date	Miles	Date	Miles

Total Miles: \_\_\_\_\_

I certify that I transported the above named student(s) to school or the bus stop each day as indicated above. I have previously applied and have been authorized to provide transportation and I understand that I will be paid the federal mileage rate as posted by the GSA for those miles the student(s) is/are in the vehicle in excess of two (2) miles as provided in code.

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider's name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**Administration Verification:**

I certify that the above student attended on the dates indicated on this report and have attached a copy of the student's absence report.

\_\_\_\_\_  
 Principals or Administrator's Signature \_\_\_\_\_  
Date

Amount due: \_\_\_\_\_ Account code: \_\_\_\_\_

\_\_\_\_\_  
 Treasurer's Signature \_\_\_\_\_  
Date