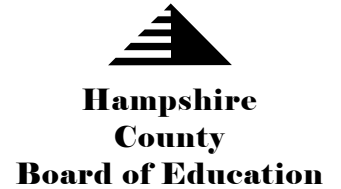




**Transportation Department**

800 Delray Road  
Augusta, WV 26704

Phone: 304-496-1504  
Fax: 304-496-1501  
E-mail: landerso@k12.wv.us



**Transportation In-Lieu Monthly Mileage Report**

PARENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

CHILD(REN)'S NAME(S)	AGE	GRADE	SCHOOL ATTENDS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please be advised that payment will only be made for days that your child is actually present in school. This will be verified through WVEIS.

Please mail, email, fax, or return this report monthly to the above address.

Please insert the number of ACTUAL MILES driven (round trip) each day to bring Your child(ren) to/from the designated bus pick-up location.

(this DOES NOT include subdivision or private road mileage. State maintained road mileage only that the bus does not travel)

**ALL ATTENDANCE AND MILEAGE WILL BE CHECKED BY SUPERVISOR.**

Month	Monday	Tuesday	Wednesday	Thursday	Friday	2018-19
_____						
						TOTAL MILES _____

I certify that the above mileage is correct and true.

Signature of Parent or Guardian \_\_\_\_\_

Office Use Only:

Verified by Supervisor \_\_\_\_\_ WVEIS \_\_\_\_\_ Supervisor Signature \_\_\_\_\_