



Transportation Department

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**Hampshire
County
Board of Education**

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 _____

2022-2023

Monday	Tuesday	Wednesday	Thursday	Friday	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 _____