

**Uintah School District
635 West 200 South
Vernal, Utah 84078**

**In Lieu of Transportation
Payable Voucher**

Period Covered: Month _____ Year _____

***You must attach an attendance verification sheet from the school for each student listed**

Name of Student(s): (Please list all students in your household from oldest to youngest)

	Grade	Days Attended	One Way Trips
	Grade	Days Attended	One Way Trips
	Grade	Days Attended	One Way Trips
	Grade	Days Attended	One Way Trips
	Grade	Days Attended	One Way Trips
	Grade	Days Attended	One Way Trips

Physical Address: _____

Mailing Address: _____

Home Phone: _____ **Daytime Phone:** _____

Parent or Guardian: _____

Parent Signature

Transportation Coordinator Signature

Business Office Use **Only**

Budget Number: 10-500-____-5315-2700-515

Secondary:	Miles _____	x Days _____	x One Way Trips _____	x Rate _____	Total _____
Elementary:	Miles _____	x Days _____	x One Way Trips _____	x Rate _____	Total _____
Kinder:	Miles _____	x Days _____	x One Way Trips _____	x Rate _____	Total _____
Pre:	Miles _____	x Days _____	x One Way Trips _____	x Rate _____	Total _____

Grand Total _____