



MARICOPA COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

MONTHLY TRANSPORTATION AID CLAIM FORM

A completed claim form is required for each month a child is transported. Claims must be made within 60 days of the last date claimed; claims received beyond the 60 days will not be processed for payment. The principal of the school the student is attending must verify the accuracy of the information and sign each claim form prior to submission to the County Superintendent of Schools Office. All claims must be received by our office prior to June 30th of the current school year in order to be eligible for payment.

Vendor Number: _____

Month of Claim: _____

Student(s) Name(s): _____

Physical Address: _____

School(s) Attending: _____

School(s) Address(es): _____

Table with 4 columns: Date of Attendance, AM Travel Miles, PM Travel Miles, Total Daily Miles. Rows 1-25.

Total Days Attended: _____ Total Eligible Mileage: _____

I affirm the above is a true claim for transportation aid for my child and he/she was actually transported for the dates specified above.

Signed: _____ Date: _____ (Parent or Guardian)

I affirm the above dates of attendance are in accordance with the records of the attendance for our school.

Signed: _____ Date: _____ (Principal)