

Monthly Transportation Claim

A completed claim form is required for each month a child is transported and must be made within 60 days of the last date of the month. Claims received beyond 60 days will not be processed for payment. All claims must be received by our office prior to June 30th of the current school year in order to be eligible for payment. Incomplete claims will not be processed for payment.

A representative employed by the school attended by the student must verify the accuracy of the information and sign each claim form prior to submission to the Pima County School Superintendent's Office.

Parent/Guardian Name: _____

Student Name: _____

Home Address: _____

School of Attendance: _____

Date of Attendance	AM Travel Miles	PM Travel Miles	Total Daily Miles

Date of Attendance	AM Travel Miles	PM Travel Miles	Total Daily Miles
Total Miles			

Driving parent/guardian: I affirm the information provided is a true claim for transportation aid for my child and he/she was transported by me on the dates specified

Printed Name

Signature

School Representative: I affirm the dates of attendance are in accordance with our school attendance records.

Printed Name

Signature

FOR PCSS FINANCE USE ONLY

Eligible Miles: _____

Mileage Rate: _____

Payment Amount: _____

Purchase Order: _____

Authorization to Pay: _____

*Mileage reimbursement is provided at the personal vehicle mileage reimbursement rate of \$0.445 per approved mile as published through the State of Arizona Accounting Manual Topic 50, Section 95.