

**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:** \_\_\_\_\_

**One Way Mileage:**

From home to school or home to nearest bus stop,  
whichever is closer, **to the nearest tenth of a mile.**

\_\_\_\_\_

Parent Signature	School Secretary 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** \_\_\_\_\_