

Uintah School District  
635 West 200 South  
Vernal, Utah 84078

In Lieu of Transportation  
Payable Voucher

Period Covered: Month \_\_\_\_\_ Yr \_\_\_\_\_

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 _____

Address: ( No P.O. Boxes) \_\_\_\_\_

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 Rep. Signature                      Special Education Coordinator

\*You must attach an attendance verification sheet from the school for each student listed  
\*Vouchers are due at the District Office by the 10th of each month



Business Office Use Only                      Budget Number: \_\_\_\_\_

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 _____
				<b>Grand Total</b> _____	