

RHYA TRANSPORTATION PROGRAM

AGENCY NAME _____

SCHOOL DISTRICT _____

MONTH/YEAR _____

PROGRAM NAME _____

OF PROGRAM _____

COUNTY/BOROUGH _____

(1) CHECK NUMBER	PAYEE NAME	YOUTH (USE INITIALS)	DESTINATION SCHOOL/DISTRICT	NUMBER OF DAYS	UNIT COST	SERVICE PERIOD	GROSS AMOUNT OF CHECK
(2) CHECK DATE	TYPE OF TRANSPORTATION (PUBLIC YELLOW BUS, TAXI, AGENCY)	# OF YOUTH	# OF MILES ONE-WAY	OR ROUND TRIPS	AND BASIS	From To	AMOUNT CHARGED TO SED
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							

I CERTIFY THAT THE STUDENTS LISTED ABOVE WERE IN ATTENDANCE IN THE IDENTIFIED SCHOOL DISTRICT DURING THE NOTED SERVICE PERIOD.

TOTAL CHARGED TO SED	
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SIGNATURE _____
SCHOOL DISTRICT ATTENDANCE OFFICER OR DESIGNEE

DATE _____

PHONE _____

I CERTIFY THAT THE EXPENSES LISTED ABOVE ARE JUST, TRUE AND CORRECT, THAT THEY ARE APPROPRIATELY DOCUMENTED, THAT THEY HAVE NOT BEEN PREVIOUSLY CLAIMED. THAT ALL COSTS CLAIMED ARE FOR PUPIL TRANSPORTATION OF A HOMELESS CHILD IN ACCORDANCE WITH SECTION 3209 OF THE STATE EDUCATION LAW. RESIDING IN THE SHELTER, AND THAT SUCH EXPENSES REFLECT THE MOST COST BENEFICAL MODE OF TRANSPORTATION AVAILABLE. IF AN AUDIT OF THE PROGRAM REVEALS THAT THIS STATEMENT IS UNTRUE, ANY REIMBURSED QUESTIONED COSTS MUST BE RETURNED TO THE STATE EDUCATION DEPARTMENT.

SIGNATURE _____

DATE _____

PHONE _____

PRINT NAME _____

TITLE _____

INSTRUCTIONS FOR RHYA TRANSPORTATION PROGRAM CLAIM FORM

AGENCY NAME
PROGRAM NAME
SCHOOL DISTRICT OF PROGRAM
MONTH/YEAR
COUNTY/BOROUGH

INCORPORATED NAME OF THE RHYA FACILITY INCURRING COSTS
NAME OF THE PROGRAM INCURRING THE TRANSPORTATION COSTS
NAME OF THE SCHOOL DISTRICT WHERE THE FACILITY IS LOCATED
MONTH(S) WHEN COSTS WERE INCURRED
COUNTY OR BOROUGH IN WHICH THE FACILITY IS LOCATED

FOR EACH EXPENDITURE INCURRED AND PAID, THE FOLLOWING INFORMATION MUST BE SUPPLIED.
USE TWO LINES FOR EACH CHECK WRITTEN. THE INFORMATION REQUESTED ABOVE THE LINE SHOULD BE ENTERED ON
THE FIRST LINE AND THE INFORMATION REQUESTED BELOW THE LINE SHOULD BE ENTERED ON THE SECOND LINE.

ALL EXPENSES MUST BE PAID FOR BY CHECK EITHER WRITTEN TO THE PROVIDER OR TO A PETTY CASH CUSTODIAN.

CHECK NUMBER
CHECK DATE
PAYEE NAME
TYPE OF TRANSPORTATION
YOUTH
OF YOUTH
DESTINATION SCHOOL DISTRICT
OF MILES ONE-WAY
NUMBER OF DAYS OR ROUNDTRIPS
UNIT COST AND BASIS
SERVICE PERIOD TO/FROM
GROSS AMOUNT OF CHECK
AMOUNT CHARGED TO SED

PREPRINTED CHECK NUMBER USED
DATE OF CHECK
NAME OF VENDOR OR PERSON TO WHOM CHECK WAS MADE PAYABLE
INDICATED TYPE (PUBLIC, YELLOW BUS, TAXI, AGENCY VEHICLE, ETC.)
ENTER INITIALS OF EACH TRANSPORTED
ENTER NUMBER OF YOUTH TRANSPORTED AND PAID FOR WITH THIS CHECK
NAME OF SCHOOL DISTRICT TO WHICH YOUTH IS TRANSPORTED
NUMBER OF MILES FROM FACILITY TO DESTINATION SCHOOL
INDICATE NUMBER OF DAYS OR ROUNDTRIPS THIS CHECK COVERS
USE ONLY WHEN TRANSPORTATION COST IS BASED ON # OF TRIPS AND PRICE/TRIP
THIS SHOULD INDICATE DAY OR DAYS OF SERVICE PROVIDED
PLEASE INDICATE FULL AMOUNT OF CHECK WRITTEN
INDICATE AMOUNT ACTUALLY CHARGED FOR REIMBURSEMENT