



A completed claim form is required for each month a child is transported. **Claims must be made within 60 days of the last date of the month; claims received beyond 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 Office of the Maricopa County School Superintendent. 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.

Vendor Number & Name: _____

Student Name: _____

Vendor Address: _____

School of Attendance: _____

Date of Attendance	AM Travel Miles	PM Travel Miles	Total Daily Miles
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Total Days		Total Miles	

**Driving Parent/Guardian
Signature:**

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 Principal

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

Printed Name

Signature