

CLAIM FORM

HOME TO SCHOOL TRANSPORT CONTRACT

SCHOOL/UNIT AND CONTRACTOR PLEASE NOTE:

PAYMENTS CANNOT BE MADE UNTIL THIS COMPLETED FORM HAS BEEN RECEIVED BY THE SCHOOL TRANSPORT SERVICE.

FAX OR PHOTOCOPY WILL NOT BE ACCEPTED

School/Unit:

Route No:

Month Ending:

Date	Please Tick ✓	Escort Please Tick ✓	Date	Please Tick ✓	Escort Please Tick ✓	Date	Please Tick ✓	Escort Please Tick ✓
1st AM ----- PM			11th AM ----- PM			21st AM ----- PM		
2nd AM ----- PM			12th AM ----- PM			22nd AM ----- PM		
3rd AM ----- PM			13th AM ----- PM			23rd AM ----- PM		
4th AM ----- PM			14th AM ----- PM			24th AM ----- PM		
5th AM ----- PM			15th AM ----- PM			25th AM ----- PM		
6th AM ----- PM			16th AM ----- PM			26th AM ----- PM		
7th AM ----- PM			17th AM ----- PM			27th AM ----- PM		
8th AM ----- PM			18th AM ----- PM			28th AM ----- PM		
9th AM ----- PM			19th AM ----- PM			29th AM ----- PM		
10th AM ----- PM			20th AM ----- PM			30th AM ----- PM		
Total Number of Days:			Number of Escort Days:			31st AM ----- PM		

Name of Contractor:	Licence Type: PCV/Hackney/Private Hire/School Plate
Address:	Licensing Authority
Post code:	

I confirm as Owner/Operator/Manager this information to be a true and accurate record.

Signature: Print Name: Date:

SCHOOL/UNIT USE ONLY: Please certify that the children/users were conveyed to and from school/unit on the above route on the dates shown.

Please give dates of any closures this month:

Number of days school/unit contract transport operated:

Approved signatory: Print name: Date:

Notes:

PTO if necessary

Official School/Unit Stamp: