

Mountain Home School District #193
 Monthly in lieu of transportation and/or rooming
 Allotment voucher

Name of parent or guardian _____

Month of transportation or rooming _____

Transportation Name of pupil	School	Grade	Number of miles (rnd Trp)	no. of days transported	days of month ("X" days of month school was attended)																														
					0	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	26	27	28	29	30
				0	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	26	27	28	29	30	31
				0	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	26	27	28	29	30	31
				0	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	26	27	28	29	30	31
				0	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	26	27	28	29	30	31

Fixed amount
 Total reimburseable miles
 Mileage Reimbursement rate @ \$ 0.37
 Mileage Reimbursement amount \$ -

Rooming Name of Student	School	Grade	Number of weeks boarded	Week of the month student was roomed				
				1st	2nd	3rd	4th	5th
			0	1st	2nd	3rd	4th	5th
			0	1st	2nd	3rd	4th	5th
			0	1st	2nd	3rd	4th	5th
			0	1st	2nd	3rd	4th	5th

0 Number of students roomed
 wkly rate of reimbursement -
 number of weeks roomed 0
 Rooming reimbursement amt \$ -

Rooming Rates	1 student	\$37.50
	2 students	\$31.25
	3 or more	\$25.00

Mileage Reimbursement \$ -
 Rooming Reimbursement \$ -
 set reimbursement _____
 Total due parent or guardian \$ -

Attendance certified by: _____

Title: _____

Date Attendance verified _____

Signature of Guardian _____

Address _____

City / State / Zip _____

The above information is correct and accurate to the best of my knowledge