



# STUDENT CONVEYANCE CLAIM FORM

420-22<sup>nd</sup> Street East, Saskatoon, SK S7K 1X3 Ph: 659-7020 Fax: 659-2011

MONTH \_\_\_\_\_ , \_\_\_\_\_

**DRIVER:** Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Please (✓) one of the following: \_\_\_\_\_ Mail or \_\_\_\_\_ Pick-up \_\_\_\_\_ Direct Deposit

\_\_\_\_\_ e-mail address

NAME OF STUDENT	DESTINATION	DISTANCE (KM/Day) (Maximum 100 km/day)	NO. OF TRIPS (Days attended)

Total Kilometers Driven for Month: \_\_\_\_\_

Rate \_\_\_\_\_ **\$0.30**

Amount Claimed \_\_\_\_\_

Certified Correct \_\_\_\_\_

