PARENT AUTOMOBILE MILEAGE VOUCHER

Invoice No. Mileage Invoice Date _____

District _____ Batch Org _____

Mileage for the month of _____, 20____

School _____

Year & Make _____ Model _____

Parent's Name _____
(Print) Last First M.I.

Social Security No. _____

Home Address _____

City _____ Zip Code _____

Student's Name _____

Sfx	Org ID	Prog ID	BFY	D/O	Obj	Total
XX	XXXXXX	XXXXX	XX	XX	XXXX	
01						
02						

Payment No. _____

Date Posted _____

Posted By _____

Month/ Day	Trip No.	From	To	Purpose	Miles Traveled

I hereby certify that the above is a true and correct record of mileage on my personal automobile used in transporting my child in accordance with the Department of Education Rules and Regulations governing mileage transportation reimbursement.

I further certify that I carry the minimum liability insurance as required by the "Hawaii No-Fault Law" with:

Insurance Company _____

Policy No. _____ Expiration Date _____

_____
(Parent's Signature) (Date)

A. TOTAL MILEAGE

B. TOTAL REIMBURSEMENT FOR MILEAGE:
(A X Rate: _____ cents)

Attendance Certification:
I certify that the above is a true record of the named student's attendance.

_____
(Principal's/Administrator's Signature)

**Submit the original form with the ATP to OBS, Vendor Payment Section.

RS 04-0392 (Rev. of RS 01-0136)