# Travel Compensation

Name: ________________________________________________________________

Address: ______________________________________________________________

________________________________________________________________

Phone: _________________________________________________________________

Bus Drivers Name (if applicable): ______________________________________________________

**AT THE END OF EACH MONTH PLEASE RETURN FORM TO: SECPSD 80A 18TH STREET NE WEYBURN SK S4H 2W4**

| Date | KMS/day | Own Children Transported | Additional Families Transported | AM | PM |
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Signature:____________________________________________________________