



STUDENT CONVEYANCE CLAIM FORM

420-22nd 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 _____ **\$0.40**

Amount Claimed _____

Certified Correct _____

