CUBA INDEPENDENT SCHOOL DISTRICT

PER CAPITA FEEDER VOUCHER

NAME OF DRIVER:					DATE:		
STUDENT NAME: ROUTE DESCRIPTION/MILES:							
ADDRESS:					_	PHONE:	
IS VEHICLE	REGISTRATIO	N CURRENT:	YES	NO			
	ROUTE				Т	FOR OFFICE USE ONLY	
			DAILY			TRANS. DIRECTOR	
DATE	MORNING	AFTERNOON	MILES	RATE PER MILE	DAILY PAY	VERIFICATION (INITIAL)	
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
	YES NO	YES NO		\$0.32			
				TOTAL:			
le	certify that the s	ervices described	above have be	een rendered and pa	yment has no	ot been received.	
Feeder's Signature				Transpo	Transportation Director's Signature		

Business Manager's Signature