

**PLEASE DO NOT USE PENCIL - BLACK INK ONLY – PLEASE WRITE LEGIBLY**

Bus Number: \_\_\_\_\_

**MILEAGE**

Contractor: \_\_\_\_\_

**Use this form for big buses only.**

**School Year 2016-2017**

**Month: \_\_\_\_\_**

| DATE | First AM Stop<br>Odometer | Last AM School<br>Odometer |  | First PM School<br>Odometer | Last PM Stop<br>Odometer |
|------|---------------------------|----------------------------|--|-----------------------------|--------------------------|
|      |                           |                            |  |                             |                          |
|      |                           |                            |  |                             |                          |
|      |                           |                            |  |                             |                          |
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|      |                           |                            |  |                             |                          |
|      |                           |                            |  |                             |                          |

Please complete this form **WEEKLY** for each contracted bus and **fax** to the Transportation Department at 1-866-968-9647. *Please retain a clean copy to make future copies as needed.*

**Failure to provide completed mileage reports, passenger counts, or other documentation requested by the Transportation Department will result in the Contractor's forfeiture of over base miles, fuel index and fuel subsidy compensation the previous month.**