

AP 307-5 Monthly Claim for Travel Assistance Form

ABBOTSFORD SCHOOL DISTRICT

2790 TIMS STREET, ABBOTSFORD, BC V2T 4M7

ATTENTION: ACCOUNTS PAYABLE DEPARTMENT

I wish to inform you that my son/daughter attended school at _____ on
the following days during the month of _____ 20 ____.

Dates	Distance (km)	Daily Rate	Total
		TOTAL PAYABLE	

Signature _____

Name of Parent

Date

Address

Telephone number