



Additional Mileage/Driver Time/Attendant Time Form

Please fill out the information form for the month indicated below.
 Fax (301-475-4239) or send in metro to the Department of Transportation
 This form must be submitted within five (5) days after the end of each month.

Bus Number _____ Contractor Name _____

Driver Name _____ Attendant Name _____

Program: () Work Site, () Hub, () Call Out, () Pre-K Return, () 1/2 Day School _____
 () Other _____

() Homeless If Homeless: **Scheduled run time:** AM _____ Midday _____ PM _____

Month: () August () September () October () November () December
 () January () February () March () April () May () June

Day of month	Mileage	Drive Time	Attendant Time	Student Name	Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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18					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

TRANSPORTATION USE ONLY BELOW THIS SECTION

Mileage: _____ Driver Minutes _____ Attendant Minutes _____ Approved by _____