Education & Communities

CLEAR SAVE PRINT

Assisted School Travel Program

CONTRACTOR PAYMENT CLAIM FORM

Run No: **Contractor Name:** **Vendor No:**

School: **Transport Areas:** **Rego No(s):**

Date	Trip	Name of student/s absent *(on each trip)*	Loaded Kms	No. of Students Travelled	ATSO Name *(If required)* *(ATSO must print name for each instance of travel)*	Driver Name *(Driver must print name for each instance of travel)*
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Run No: **Contractor Name:** **Vendor No:**

UNFORSEEN VARIATION TO RUN, OTHER THAN ABSENCES

Date	Name of Student/s *(if applicable)*	Circumstances / Reason for Variation	Approval to be signed by Departmental Officer

Drivers providing service on the run during this period must sign below to confirm details are correct:

Driver Name:	**Driver Signature:**	**Date:**
Driver Name:	**Driver Signature:**	**Date:**
Driver Name:	**Driver Signature:**	**Date:**
Driver Name:	**Driver Signature:**	**Date:**

ATSOs providing service on the run during this period must sign below to confirm details are correct:

ATSO Name:	**ATSO Signature:**	**Date:**
ATSO Name:	**ATSO Signature:**	**Date:**
ATSO Name:	**ATSO Signature:**	**Date:**
ATSO Name:	**ATSO Signature:**	**Date:**

I certify that:

1. All students assigned to this run travelled on each of the above dates unless his/her name is noted in the absent list; and
2. I understand that I am authorising payment for transport of the students allocated to the service provided by this contractor in accordance with the *Public Finance and Audit Act, 1983*.

Each School with Students on this Run must Stamp, Sign and Date below:

School Stamp:	**Principal Signature:**	**Date:**
School Stamp:	**Principal Signature:**	**Date:**
School Stamp:	**Principal Signature:**	**Date:**

Any errors, omissions or corrections to your *Payment Claim Form* may result in your claim being returned. The Contractor declares they abide by the *Eligible Service Provider List Contract For The Provision Of Assisted School Travel Services To The Assisted School Travel Program Agreement* clause 24

Contractor Name:	**Contractor Signature:**	**Date:**