RETURN TO:
ERIE COUNTY DEPARTMENT OF HEALTH
95 FRANKLIN STREET  ROOM 828
BUFFALO, NY    14202

NOTE: MONTHLY INVOICE MUST BE SUBMITTED NO LATER THAN ONE MONTH AFTER SERVICE IS COMPLETED.

PARENT TRANSPORTER
(NAME ON PARENT REGISTRATION FORM)

CHILD’S NAME

CHILD’S ADDRESS
NUMBER AND STREET

AGENCY NAME
AND SITE ADDRESS

INDICATE MILEAGE FROM HOME TO AGENCY SITE (ONE WAY ONLY)

CHECK ☐ APPROPRIATE BOX THAT APPLIES:

☐ BOTH WAYS WITH PARENT STAYING WITH CHILD AT SCHOOL (2 TRIPS) 

☐ ONE WAY (AND BUS ONE WAY) (2 TRIPS) 

☐ BOTH WAYS (DROPPING OFF AND PICKING UP LATER) (4 TRIPS) 

INVOICE FOR THE MONTH OF 

Dates of Transportation: 

TOTAL NUMBER OF DAYS TRANSPORTED 

PER DAY MINIMUM MAXIMUM

2 Trips $10.00 $20.00

4 Trips $20.00 $40.00

or $.55 per mile

X
PARENT (GUARDIAN) SIGNATURE (SAME PARENT AS ABOVE)   DATE

X
AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE (VERIFYING THE ABOVE DAYS ATTENDED)   DATE

REVISED 06/14 SS