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St. Mary's County Public Schools Division of Supporting Services

Department of Transportation 27190 Point Lookout Road Loveville, Maryland 20656

Mr. Jeffrey K. Thompson
Director

HOMELESS AND FOSTER CARE INVOICE

HOMELESS [FOSTER CARE [PAID EXTRA MILEAGE PER DAY* Click here to enter text. PAID EXTRA TIME PER DAY* Click here to enter text.				
	AM ROUT	E 🗆	MID-DAY RO	UTE 🗆	PM ROUT	Έ□	
BUS NUMBER:	Click here to ente	er text.		DRIVER NA		Click here YES □	to enter text. NO □
CONTRACTOR NA	ME: Click here to e	nter text.		ATTENDA	NT NAME:	Click here	to enter text.
STUDENT NAME:	Click here to e	nter text.		SCHOOL S	SERVED:	Click here	to enter text.
STUDENT PICK UP	ADDRESS:	Click here	e to enter text.				
STUDENT DROP O	FF ADDRESS:	Click here	e to enter text.				

MONTH: Click here to enter text.

DAY STUDENT ON BUS						
AND PRESENT AT SCHOOL						
1 🗆	16 🗆					
2 □	17 🗆					
3 🗆	18 🗆					
4 🗆	19 🗆					
5 🗆	20 🗆					
6 □	21 🗆					
7 🗆	22 🗆					
8 🗆	23 🗆					
9 🗆	24 □					
10 🗆	25 □					
11 🗆	26 □					
12 🗆	27 🗆					
13 🗆	28 🗆					
14 🗆	29 🗆					
15 🗆	30 □					
	31 □					

TRANSPORTATION USE ONLY

MILEAGE Click here to enter text.

DRIVER MINUTESClick here to enter text.

ATTENDANT MINUTES Click here to enter text.

APPROVED BY: Click here to enter text.

^{*} PAID TIME AND MILEAGE is the amount of extra time and mileage over what is already paid as part of the regular route.