



multiserve

Private Conveyance Allowance

Please fax to 09 638 4798 on the last day children are transported each month

Contractor:		Address:	
Manual Training Centre/School:		Transport Certificate for Month Ending:	

Day & Date of Trip	School Attending	No of Pupils	Price (office use only)
		Total	Amnt Paid:
		Processed:	QC'd

Please show below dates on which trips were cancelled through no fault of the contractor

Certified Correct: _____
 Date: _____
 Principal/Teacher

Date	Reason