



**TRANSFER OF TRANSPORTATION EXPENSES PAYMENT TO GIFT IN KIND
DONATION FORM**

Date of event: _____

Name
of driver: _____

Expense: Student Curricular and/or Extra-curricular
Transportation Reimbursement

Event: _____

Distance from school
and back in km: _____

Mileage per km: \$0.60

Total Amount Eligible
for Reimbursement
(total distance with
students in vehicle
in km X \$0.60): _____

I, _____, direct that the funds to which I am entitled by way of reimbursement for transportation, and would otherwise be forwarded to me by cheque, be transferred to Unity Christian High School as my gift. I understand that a tax receipt will be issued to me at the end of the calendar year.

Driver Signature

Authorized by Allen Schenk, Principal