



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## LEA-PROVIDED TRANSPORTATION CERTIFICATION FORM

All local education agencies (LEAs) seeking reimbursement from the Office of the State Superintendent, Division of Student Transportation (OSSE DOT) for temporary, start-of-school year student transportation must complete this form and send it back to OSSE DOT by Oct. 31 of the associated school year. This form must be completed and signed by an authorized/official representative of the LEA.

***Please fill out this section if your LEA contracted the transportation service for the student(s)***

I, \_\_\_\_\_, certify that \_\_\_\_\_ provided transportation services for  
*(LEA Representative Name - Please Print)*                      *(Contractor Name - Please Print)*

\_\_\_\_\_ to and from \_\_\_\_\_.  
*(Student Name - Please Print)*                                              *(School Name - Please Print)*

I certify that (Fill in the related blanks):

\_\_\_\_\_ provided transportation services for the above  
*(Contractor Name)*

named student to and from school, for a total of number of day(s) \_\_\_\_\_.

Start date: \_\_\_\_\_ to End date: \_\_\_\_\_.

Student's pick-up/home address: \_\_\_\_\_

Additional students (if any) on the route and their addresses (please list students in the order of their pick up; the student listed above should be the last pick up on the route):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach the invoice (if available) and proof of payment to the Contractor to this form for review and processing the reimbursement.**

**Please fill out this section if your LEA provided direct service by means of their own vehicle**

I, \_\_\_\_\_, certify that \_\_\_\_\_ provided transportation services for  
(LEA Representative Name - Please Print) (LEA Name - Please Print)

\_\_\_\_\_ to and from \_\_\_\_\_.  
(Student Name - Please Print) (School Name - Please Print)

I certify that (Fill in the related blanks):

\_\_\_\_\_ provided transportation services for the above  
(LEA Name)

named student to and from school, for a total of number of day(s) \_\_\_\_\_.

Start date: \_\_\_\_\_ to End date: \_\_\_\_\_.

Student's pick-up/home address: \_\_\_\_\_

Additional students (if any) on the route and their addresses (please list students in the order of their pick up; the student listed above should be the last pick up on the route):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The mileage from home to school is \_\_\_\_\_ (number) of miles and roundtrip is \_\_\_\_\_ (number) of miles.

The total number of miles requested for reimbursement is \_\_\_\_\_. Based on this mileage OSSE DOT will calculate the cost using the federal general services administration (GSA) mileage rates.

***Note: An official school attendance record for the reimbursement period requested must accompany the request. The record must be on the official school letterhead and signed by a school official.***

**By signing below, the LEA Representative certifies that the information provided herein is accurate and truthful to the best of his/her knowledge. Additionally, the LEA Representative certifies that the temporary student transportation was/is provided by the LEA (either directly or through its agent or contractor) in a registered, insured and duly inspected vehicle. The LEA Representative further certifies that the LEA assumes full legal responsibility for the student's safe, timely and appropriate transportation when providing the temporary transportation to the student.**

**LEA Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Title/Position of LEA Representative: \_\_\_\_\_**

**Please upload this completed form along with the other required supporting documents to the OSSE Secure Upload Site referenced in the LEA Provided Transportation Guidelines.**