



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 student transportation must complete this form and submit it to OSSE DOT. All applicable fields must be completed, signed by an authorized LEA representative, and must be submitted no later than one month after transportation has been provided.

Please complete this section if your LEA hired a contractor to provide transportation services.

I, _____, certify that _____ provided transportation services
(LEA Representative Name - Please Print) (Contractor Name - Please Print)

for _____ to and from _____.
(Student Name - Please Print) (School Name - Please Print)

An additional document may be included to list multiple student transports completed by the same contractor.

I certify that (Complete the applicable fields):

_____ provided transportation services for the above
(Contractor Name)

named student to and from school, for a total 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 pickup; the student listed above should be the last pickup on the route):

Name of Student	Address

Please attach the invoice and proof of payment to the Contractor to this form for review and reimbursement processing.

Please complete this section if your LEA provided transportation by an LEA owned vehicle (Bus, van, etc.)

I, _____, certify that _____ provided transportation services
(LEA Representative Name - Please Print) (LEA Name - Please Print)

for _____ to and from _____.
(Student Name - Please Print) (School Name - Please Print)

An additional document may be included to list multiple student transports completed in the same vehicle.

I certify that (Complete the applicable fields):

_____ provided transportation services for the above
(LEA Name)

named student(s) 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 pickup; the student listed above should be the last pickup on the route):

Name of Student	Address

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 at a per mile rate of \$1.48 for SY 22-23, not including the summer or ESY periods.

Please include an official school attendance record for the requested reimbursement period. The record must be documented on the school's official letterhead and signed by an official school agent.

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

designated agent) in a registered, insured, and duly inspected vehicle. The LEA Representative certifies that the LEA assumes full legal responsibility for the student's safe, timely, and appropriate travel during all provided transports.

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 Data Transfer Site, <https://dcgov.account.box.com/login>.