

MONTHLY STATISTICAL REPORT
LONG DISTANCE STUDENT ONLY SERVICES

CONTRACT NO: _____

OPERATOR NAME: _____

OPERATOR ADDRESS: _____

OPERATING MONTH: MONTH _____ YEAR _____

OPERATING DAYS: _____

APPROVED ROUTE: FROM _____ TO _____

Distance Travelled (as per Schedule 11)	FULL STUDENT FARE			TERTIARY FARE			STUDENT FREE			DISCOUNTED STUDENT FARE			TOTAL FOR ZONE
	AM	PM	TOTAL	AM	PM	TOTAL	AM	PM	TOTAL	AM	PM	TOTAL	
Urban or Home School Area Zone													
Zone 1													
Zone 2													
Zone 3													
Zone 4													
Zone 5													
Zone 6													
Zone 7													
Zone 8													
Zone 9													
Zone 10													

Zone 11													
Zone 12													
Zone 13													
Zone 14													
Zone 15													
Zone 16													
Zone 17													
Zone 18													
TOTAL FOR FARE TYPE													TOTAL

I hereby certify that the above claim is true and correct and can be substantiated by ticket receipts, and that for every journey claimed under a free pass entitlement, the passenger has been requested to and has produced to the driver a valid student bus pass.

SIGNATURE _____ **TITLE** _____ **DATE** _____