**Client Passenger Transport - Invoice Verification Form**

**Part A**: **To be completed by Operator**

|  |  |  |
| --- | --- | --- |
| Route No: | Month/Year: | Operator Name:  |
| Establishment: |
| Driver name *(space overleaf* *for additional names)*: |  | Passenger assistant name(if applicable) |  |
| VEHICLE(S) USED TO PROVIDE TRANSPORT | Make | Model | Registration |
|  |  |  |
| Passenger seating capacity of vehicle: |  | Number of spare seats available: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Comments | Date |  | Comments |
| 1 |  |  | 17 |  |  |
| 2 |  |  | 18 |  |  |
| 3 |  |  | 19 |  |  |
| 4 |  |  | 20 |  |  |
| 5 |  |  | 21 |  |  |
| 6 |  |  | 22 |  |  |
| 7 |  |  | 23 |  |  |
| 8 |  |  | 24 |  |  |
| 9 |  |  | 25 |  |  |
| 10 |  |  | 26 |  |  |
| 11 |  |  | 27 |  |  |
| 12 |  |  | 28 |  |  |
| 13 |  |  | 29 |  |  |
| 14 |  |  | 30 |  |  |
| 15 |  |  | 31 |  |  |
| 16 |  |  | Please  days operated |

|  |  |
| --- | --- |
| Total number of days transport operated: |  days / trips  |

**Part B: To be completed by Establishment**

|  |
| --- |
| **ESTABLISHMENT USE ONLY:** I certify that the above route operated to the site on the dates claimed. |
| Signature of Head teacher / Site Manager: | Date: |
| Notes: | Official Establishment Stamp |

Any Other Comments/Changes

|  |
| --- |
|  |

Please use this page to provide any further information as appropriate:

NAMES OF OTHER DRIVERS USED

|  |
| --- |
|  |

NAMES OF OTHER PASSENGER ASSISTANTS USED

|  |
| --- |
|  |

ROUTE VARIATIONS/CHANGES/COMMENTS REGARDING LATEST ROUTE SCHEDULE

|  |
| --- |
|  |

CONCERNS WITH EQUIPMENT (EG CAR SEATS, BUCKLE GUARDS, HARNESSES)

|  |
| --- |
|  |

ADDITIONAL VEHICLE(S) USED TO PROVIDE TRANSPORT

|  |  |  |
| --- | --- | --- |
| Make | Model | Registration |
|  |  |  |
|  |  |  |
|  |  |  |