



## **PUPIL TRAVEL SUBSIDY APPLICATION Pupil Name** Form **Home Address Bus Number Pick Up Point Cost of Pass** £ **Account Name: Bank Details** (Payment will be **Sort Code:** by BACS) **Account Number: Email Address** (For remittance advice) **Parent Signature** PLEASE ENSURE YOU ATTACH A PHOTOCOPY OF THE BUS PASS FOR WHICH YOU ARE CLAIMING THE SUBSIDY AND PROOF OF PAYMENT.

Finance Office Use Only		
Cost of Pass	<b>Amount Reimbursed</b>	Date