Western Cape Government

Western Cape Education Department
Directorate: Institutional Resource Support
Sub-directorate: Learner Transport Scheme

Claim for Devolved LTS Route

Name of School: …..... Route No.: ….....

Claim period: …..... 20…..... to …..... 20….....

This form must be completed prior to the start of a claim period and submitted with the documents indicated below.

Required documentation (must be attached)		**Yes**	**No**
1.	Current Register of authorised learners		
2.	Current LTS database (CEMIS) print-out for route		
3.	Copy of valid roadworthy certificate/s for authorised vehicle/s		
4.	Copy of valid Operating Licence/s for authorised vehicle/s		
5.	Competed WCED 095 forms (vehicle inspection checklist) for each month of the previous claim period		

Declaration for usage of funds for LTS route in previous claim period

Period of previous Claim: From …..... 20….. To …..... 20…...

Amount **received** for the previous claim period: R ….....

Amount **retained** as 10 % administration cost: R ….....

Amount **used** of 10 % administration cost: R ….....

Amount **used** during the delivery of LTS services for the previous claim period: R ….....

Amount of surplus / shortage for the claim period: R ….....

For schools using their own vehicles			
Required documentation (must be attached)		**Yes**	**No**
6.	Proof of payment for purchased vehicle/s (if applicable)		
7.	Copy of salary advise for driver/s & adult supervisor/s		
8.	Licence and roadworthy costs for period		
9.	Fuel costs for period		
10.	Vehicle maintenance costs		
11.	Vehicle/s insurance		
12.	Other payments related to the devilvery of services on LTS route		

For schools where a transport service was procured			
Required documentation (must be attached)		**Yes**	**No**
13.	Copy of invoices submitted by service provider		
14.	Proof of payment for service provider invoices		
15.	Other payments related to the devilvery of services on LTS route		

Use of the 10 % administration fee			
Required documentation (must be attached)		**Yes**	**No**
16.	Proof of payment / report for use of administration fee (10%)		

Signature of LTS overseer: ….....

Date: ….....

Signature of Principal: ….....

Date: ….....

School stamp

Declaration by Head: Management & Governance (H:M&G)

I hereby declare that the service rendered by the school is satisfactory and meets the stardards as set out in the Standard Operating Procedures Manual for LTS.

Signature of H:M&G: ….....

Date: ….....

Declaration by Deputy Director: Corporate Services

I hereby declare that the funds provided to the school in respect of this devolved LTS route has been managed effectively and used only for its intended purpose. The advance transfer payment for the next 6-month period is therefore recommended.

Signature of DD: Corporate Services: ….....

Date: ….....