

REQUEST FOR MILEAGE REIMBURSEMENT 2010-2011
Valentine Community Schools, Rural Office

NOTE: In order to be eligible for reimbursement, the family residence must exceed 4 miles from the school attendance center.

FAMILY INFORMATION:

NAME OF PERSON MAKING REQUEST		PHONE NUMBER	
HC/STREET/PO BOX		CITY, STATE, ZIP CODE	
NAME OF SCHOOL ATTENDANCE CENTER	# MI FROM SCHOOL	FOR MONTH, YEAR:	
NAMES OF CHILDREN BELONGING TO THIS FAMILY, BEING TRANSPORTED TO SCHOOL, and current grade level:			

SECTION A: TRANSPORTATION OF OWN CHILDREN (*Please document the days in which only the children from this family were transported in SECTION A. Any days in which carpooling occurred must be documented in SECTION B.*)

1.425 (effective 1/1/10)	BOTH A.M. & P.M.	OR	A.M. ONLY	P.M. ONLY
# DAYS DRIVEN THIS MONTH:				

SECTION B: TRANSPORTATION OF OWN CHILDREN PLUS CHILDREN FROM ONE ADD'L FAMILY

1.49625 (effective 1/1/10)	BOTH A.M. & P.M.	OR	A.M. ONLY	P.M. ONLY
# DAYS DRIVEN THIS MONTH: Own children plus children from 1 additional family				

NAMES OF ADDITIONAL CHILDREN CARPOOLED:

SECTION C: TRANSPORTATION OF OWN CHILDREN PLUS CHILDREN FROM 2 ADD'L FAMILIES

1.57106 (effective 1/1/10)	BOTH A.M. & P.M.	OR	A.M. ONLY	P.M. ONLY
# DAYS DRIVEN THIS MONTH: Own children plus children from 2 additional families				

NAMES OF ADDITIONAL CHILDREN CARPOOLED:

SIGNATURE	DATE
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Please turn in your mileage reimbursement requests in a timely manner. Forms are processed as soon as they are received; however, processing usually takes 5-6 business days. Once processing is complete, the payment will be made at the next school board meeting.

Send to: Valentine Community Schools, Rural Office; 431 N Green St., Valentine NE 69201
Fax to: 402.376.8096 ; Questions -- call 402-376-1680 or email: jwestover@esu17.org

