**MILEAGE REIMBURSEMENT FORM**

The following student was transported from his/her home to school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address from which student is being transported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School to which student is being transported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person providing transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation was provided to the above student to and from school from the indicated address, starting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Mileage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Mileage seeking reimbursement \_\_\_\_\_\_\_\_\_\_\_\_

In the case of multiple students, mileage will be calculated from the residence to the furthest school. Mileage should be calculated using Google Maps.

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. **This is** **considered to be a contract between the parent/guardian and the**

**YOUR SCHOOL HERE.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Parent/Guardian/Transportation Provider*

Please make check payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to: YOUR SCHOOL HERE.**

 **0000 Your Address Here**

 **Any City, MI 00000**

**Or fax to: (000) 000-000**

|  |
| --- |
|  |

**DO NOT WRITE BELOW THIS LINE**

Total Number of miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ District-approved rate per mile of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(miles will be verified by using Google Maps)*

Total Reimbursement for Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Attendance report has been verified and is attached to reimbursement form.

Signature of Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_