

2024-2025 School Year Student Transportation Request for Payment

In-lieu of reimbursement for school transportation is approved <code>year</code> by <code>year</code>. You <code>must</code> submit a new in lieu of application (<code>form 602</code>) <code>each school year</code> for <code>each student</code>. Reimbursement mileage will be measured to the nearest bus stop; or to the school if no bus stop is available. Mileage calculation for reimbursement is calculated for transporting students <code>one way</code> from home to stop/school and <code>one way</code> home from stop/school. It is <code>your responsibility</code> to submit this form to the school secretary for attendance verification and administration approval. <code>All requests for payment must be submitted to the school no later than the last day of school in the current school year in order to be eligible for <code>reimbursement</code>.</code>

STUDENT TRANSPORTATION REQUEST FOR PAYMENT				
ION	Parent/Guardian Name:			
CLAIMENT INFORMATION	Mailing Address:		Phone:	
	City:		State:	Zip
	Email Address:			
	Student Names on Request:			
	1.			Grade:
ION	2.			Grade:
RMAT	3.			Grade:
STUDENT INFORMATION	4.			Grade:
	Requested Dates for Reimbursement (verified by sch	ool attendance	records):	
RE	I hereby certify that the information provided on this form is true and accurate. All requests for payment must be submitted to the school no later than the last day of school.			
SIGNATURE	Signature of Parent/Guardian:			Date:
FOR OFFICE USE ONLY				
Eligible Miles per Day* (*as verified from form 602) School Authorized by Signature:				
Total Days X Eligible Miles Per Day = Total Miles Total Miles X \$0.40 = Total \$\$ Reimbursable X = X 0.40 = # of Days Miles per day Total Miles Total Reimbursable				
Transportation Authorized by Signature:				Date:
APPROVED DENIED DENIED				