

**Transportation Reimbursement Claim
1st Semester 2018-2019**

One way mileage of _____ less (3) miles for _____, which is multiplied by 1.5533 for regular resident district students and .7766 for the eligible enrollment option students to provide the daily reimbursement rate of \$_____. The daily rate multiplied by _____ days of attendance of the child/children of the family to provide a reimbursement value of \$_____ for the **1st Semester** of the 2018-2019 school year.

Applicants Name: _____

Mailing

Address: _____

Please list names of all students: _____

PLEASE NOTE, IF YOU ARE ENROLLMENT OPTION, YOU MUST QUALIFY FOR **FREE LUNCH** TO RECEIVE MILEAGE REIMBURSEMENT.

Deadline to submit 2018-2019 mileage is June 28, 2019