

# Transportation Reimbursement Form

Transportation reimbursement claims will be processed on-line for the **2007-2008** school year. Please complete the information below and **return it to Boylan's Main Office.** The reimbursement check will be payable to the parent listed. (**Complete worksheet below.**)

Social Security Number (of parent signing form) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of **your own children attending Boylan** during the **2007-2008** school year \_\_\_\_\_

**Total claim** amount from worksheet below \$ \_\_\_\_\_

One way mileage from school \_\_\_\_\_ (this will be verified by Mapquest)

**Note:** If less than 1 ½ miles from school, parent must verify that a safety hazard exists by completing an application obtained from the Office of the Regional Superintendent of Schools. (see enclosed letter)

**UNDER PENALTY OF LAW I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.**

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

## Worksheet for Transportation Reimbursement

1. One way mileage from Boylan to your home \_\_\_\_\_ (verify distance at Mapquest.com)

1.a. Multiply line 1 by two (2) if student drives or you carpool = \_\_\_\_\_

1.b. Multiply line 1 by four (4) if you drive student to and from school = \_\_\_\_\_

2. Enter total from line 1a **or** 1b \_\_\_\_\_ x **0.485** = \$ \_\_\_\_\_ (.485 cents per mile)

3. Multiply total from line 2 by 176 (days in school year) = \$ \_\_\_\_\_

**Enter total from line 3 in Total Claim line above.**