

Travel Reimbursement Request for Educable Child

Facility Name: _____

Bus/Route Number: _____
 Bus/Route From: _____ To: _____

											Total Reimbursement Amount Requested		\$0.00
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop		
	Pick Up Route	1											
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
	Drop Off Route	1											
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00		
Last Pickup to Facility		FACILITY			\$0.54	\$0.00		0	\$0.00		0		
Last Drop off to Facility		FACILITY			\$0.54	\$0.00							
				0.00	\$0.54	Daily Mileage Reimbursement		\$0.00		\$0.00			

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.
Note: If this form is not completed correctly, it will be returned and payment will be delayed.

Travel Reimbursement Request for Educable Child

Institution Name: _____

Bus/Route Number: _____
 Bus/Routh From: _____ To: _____

											Total Reimbursement Amount Requested	\$757.54
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop	
	Pick Up Route	1 a		44.30	\$0.54	\$23.92		\$3.33	\$27.25	7	\$190.75	
		2 b		30.00	\$0.54	\$16.20		\$3.33	\$19.53	7	\$136.71	
		3 c		7.40	\$0.54	\$4.00		\$3.33	\$7.33	7	\$51.31	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
	Drop Off Route	1 a		44.30	\$0.54	\$23.92		\$3.33	\$27.25	7	\$190.75	
		2 b		30.00	\$0.54	\$16.20		\$3.33	\$19.53	7	\$136.71	
		3 c		7.40	\$0.54	\$4.00		\$3.33	\$7.33	7	\$51.31	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
Pickup & return to:				18.50	\$0.54	\$19.98	6					
Drop Off & return to:				18.50	\$0.54							
				200.40	\$0.54	Daily Mileage Reimbursement		\$108.22			\$757.54	

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.

-1597.97

-\$840.43

"=ROUND(G7*H7,2)

Travel Reimbursement Request for Educable Child

Institution Name: _____

Bus/Route Number: _____
 Bus/Routh From: _____ To: _____

											Total Reimbursement Amount Requested	\$677.36
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop	
	Pick Up Route	1 a		50.50	\$0.54	\$27.27		\$12.04	\$39.31	4	\$157.24	
		2 b		61.70	\$0.54	\$33.32		\$12.04	\$45.36	4	\$181.44	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
	Drop Off Route	1 a		50.50	\$0.54	\$27.27		\$12.04	\$39.31	4	\$157.24	
		2 b		61.70	\$0.54	\$33.32		\$12.04	\$45.36	4	\$181.44	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
Pickup & return to:				44.60	\$0.54	\$48.17	4					
Drop Off & return to:				44.60	\$0.54							
				313.60	\$0.54	Daily Mileage Reimbursement		\$169.34			\$677.36	

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.

Travel Reimbursement Request for Educable Child

Institution Name: _____

Bus/Route Number: _____
 Bus/Routh From: _____ To: _____

											Total Reimbursement Amount Requested	\$443.68
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop	
	Pick Up Route	1 a		44.30	\$0.54	\$23.92		\$0.77	\$24.69	4	\$98.76	
		2 b		30.00	\$0.54	\$16.20		\$0.77	\$16.97	4	\$67.88	
		3 c		7.40	\$0.54	\$4.00		\$0.77	\$4.77	4	\$19.08	
		4 d		15.30	\$0.54	\$8.26		\$0.77	\$9.03	4	\$36.12	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
	Drop Off Route	1 a		44.30	\$0.54	\$23.92		\$0.77	\$24.69	4	\$98.76	
		2 b		30.00	\$0.54	\$16.20		\$0.77	\$16.97	4	\$67.88	
		3 c		7.40	\$0.54	\$4.00		\$0.77	\$4.77	4	\$19.08	
		4 d		15.30	\$0.54	\$8.26		\$0.77	\$9.03	4	\$36.12	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
Pickup & return to:				5.70	\$0.54	\$6.16	8					
Drop Off & return to:				5.70	\$0.54							
				205.40	\$0.54	Daily Mileage Reimbursement		\$110.92			\$443.68	

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.

Travel Reimbursement Request for Educable Child

Institution Name: _____

Bus/Route Number: _____
 Bus/Routh From: _____ To: _____

											Total Reimbursement Amount Requested	\$1,963.44
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop	
	Pick Up Route	1 a		50.50	\$0.54	\$27.27		\$27.27	\$54.54	18	\$981.72	
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
	Drop Off Route	1 a		50.50	\$0.54	\$27.27		\$27.27	\$54.54	18	\$981.72	
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
Pickup & return to:				50.50	\$0.54	\$54.54	2					
Drop Off & return to:				50.50	\$0.54							
				202.00	\$0.54	Daily Mileage Reimbursement		\$109.08			\$1,963.44	

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.

Travel Reimbursement Request for Educable Child

Institution Name: _____

Bus/Route Number: _____
 Bus/Routh From: _____ To: _____

											Total Reimbursement Amount Requested	\$763.56
Date	Pick Up/ Drop Off	Stop No./Child's Name	Points of Travel	Miles Driven	Mileage Reimb. Rate	Mileage Reimb. Per Stop	Number of Travel Points	Return Trip to Service Provider Allocation Per Stop	Daily Mileage Reimb. Per Stop	Billable Days	Total Mileage Reimb. Per Stop	
	Pick Up Route	1 a		50.50	\$0.54	\$27.27		\$27.27	\$54.54	7	\$381.78	
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
	Drop Off Route	1 a		50.50	\$0.54	\$27.27		\$27.27	\$54.54	7	\$381.78	
		2			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		3			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		4			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		5			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		6			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		7			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		8			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		9			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
		10			\$0.54	\$0.00		\$0.00	\$0.00		\$0.00	
Pickup & return to:				50.50	\$0.54	\$54.54	2					
Drop Off & return to:				50.50	\$0.54							
				202.00	\$0.54	Daily Mileage Reimbursement		\$109.08			\$763.56	

Authorized Signature: _____ Title: _____ Date: _____

Note: In the event a route changes (i.e. child leaving) a new travel log must be used.