**EDUCABLE CHILD PROGRAM**

**DIRECTIONS FOR COMPLETING TRAVEL REIMBURSEMENT REQUEST**

**2024-2025 SCHOOL YEAR**

Heading:

1. Enter the name of the facility.
2. Enter the van number.
3. Enter the bus/route dates: Monthly.

Reimbursement Form:

1. Date of route
2. Stop Number/Child’s Name - Student/Group Home Name
3. Points of Travel

* Starting from the Facility to Stop 1 (See Example:)
* From Stop 1 to Stop 2 (See Example:)
* Capture the distance from one stop to the next stop.

1. Miles driven = MapQuest or Rand McNally Usage.

* This should include the actual address of the student or group home.
* Maps should include the full route.
* Please submit full-size maps.

1. Mileage Reimbursement Rate = .67
2. Billable Days

* Transportation will only be paid for the day students are present.
* If the student was absent and the route was run in the morning, we will not reimburse for the afternoon.

1. Last Pickup/Drop off to the Facility – Distance from the last stop returning to the facility.
2. Note: If this form is not completed correctly, it will be returned, and payment will be delayed.

* See SharePoint Instructions