



Parent Transportation Reimbursement Form

Name: _____ Date: _____

Address: _____

(include land location)

| DATE | DESCRIPTION | KILOMETERS |
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| | | |
| SUB TOTAL | | |
| X Rate | | \$0.30 |
| TOTAL | | |

Signature of Applicant _____ Date _____

G.L. Account Number _____

PreK Teacher/Principal Signature _____ Date _____

Forward signed form to GSSD Transportation Department