

**REQUEST FOR MILEAGE REIMBURSEMENT 2016 - 2017****VALENTINE COMMUNITY SCHOOLS**

NOTE: In order to be eligible for reimbursement, the family residence must exceed  
4 miles from the school attendance center.

**FAMILY INFORMATION**

Name of Person Making Request:	Phone Number:	
Mailing Address:	City, State, Zip:	
Name of School Attendance Center:	# Miles from School:	For Month/Year:
Names of children belonging to this family, being transported to school, and current grade level:		

**SECTION A:** Transportation of OWN children (Please document the days in which only the children from this family were transported in SECTION A. Any days in which carpooling occurred must be documented in SECTION B.)

<b>1.5390 effective 01/01/16</b>	<b>Both A.M. &amp; P.M.</b>	<b>OR</b>	<b>A.M. Only</b>	<b>P.M. Only</b>
<b># Days Driven This Month:</b>				

**SECTION B:** Transportation of OWN children PLUS children from ONE additional family.

<b>1.6160 effective 01/01/16</b>	<b>Both A.M. &amp; P.M.</b>	<b>OR</b>	<b>A.M. Only</b>	<b>P.M. Only</b>
<b># Days Driven This Month:</b>				
<b>Names of additional children carpoled:</b>				

**SECTION C:** Transportation of OWN children PLUS children from TWO additional families.

<b>1.6929 effective 01/01/16</b>	<b>Both A.M. &amp; P.M.</b>	<b>OR</b>	<b>A.M. Only</b>	<b>P.M. Only</b>
<b># Days Driven This Month:</b>				
<b>Names of additional children carpoled:</b>				

*Please turn in your mileage reimbursement requests by the first Tuesday of the month. It takes 5-6 days for processing. Once this is complete, the payment will be made at the next school board meeting. Request received after the first Tuesday will be paid at the following school board meeting.*

Send to: Valentine Community Schools, Attn: Kathy Hammond, 431 N. Green St., Valentine NE 69201  
Please contact Kathy Hammond with any questions (402) 376-1780 ext. 248 or [khammond@vcsbadger.net](mailto:khammond@vcsbadger.net)  
Fax (402) 376-2736

Date: (A) OWN CHILDREN				Date: (B) OWN (+1 FAMILY)				Date: (C) OWN (+2 FAMILIES)			
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