

Parent's Travel Expense Claim

Claimant's Name: _____ Student's Name: _____

Residential Address: _____

Home Phone: _____ Cell Phone: _____

Mileage

Month Claiming: _____

Total Round Trip Miles from residence to bus pick-up point/airport		X	Total number of Round Trips made from residence to bus pick-up point/airport		= Total		@ 0.56 per mile	= Total	
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Total Round Trip Miles from residence to CSB		X	Total number of Round Trips made from residence to CSB		= Total		@ 0.56 per mile	= Total	
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Other Expenses - (i.e. bridge tolls, parking (original receipts required)): _____

Total amount owed to claimant: _____

I hereby certify that the above is a true statement of travel expenses incurred by me in accordance with the State of California Legislation Chapter 1249/77, Senate Bill No.871

Date: _____

Claimant's Signature

Detail			
A=Airport, B=Bus Pickup, C=CSB, O=Other			
For each time you assisted in your child's travel, to or from school, indicate the date and the travel you provided for your child in the boxes below.			
Date(s) MM/DD/YY	Students to CSB	Students from CSB	A, B, C, O

Approval
Send To:
California School for the Blind 500 Walnut Avenue Fremont, CA 94536 Attn: James Rudder, Transportation Office
Verified Attendance Records
Signature of Transportation Coordinator
Signature of Business Manager:
P:1151; R.S. 0545; A: 5320430; DOC #: PT
Agency Accounting Office Use Only
Paid by Revolving Fund Check Number:

Date: _____