		Parent's	Travel Exp	ense Claim		
Claimant's Name:			Stud	tudent's Name:		
Residential Add	dress:					
Home Phone:			Ce	Cell Phone:		
			Mileage			
Month Claiming	j:					
Total Round Trip Miles from resider to bus pick-up poil airport	I I '	Total number of X Trips made from to bus pick-up po	n residence	= Total	= Total @ 0.585 per mile	
Total Round Trip Miles from resider to CSB	nce	X Total number of Trips made from to CSB		= Total	= Total @ 0.585 per mile	
Other Expenses - (i.e. bridge tolls, parking (original receipts required)):						
Total amount owed to claimant:						
•		s a true statemei Chapter 1249/77		•	me in accordance with the	
Claimant's Signature						
Detail Detail				Approval		
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.				Send To: California School for the Blind 500 Walnut Avenue Fremont, CA 94536		
Date(s) MM/DD/YY	Students to CSB	Students from CSB	A, B, C, O		dder, Transportation Office dance Records	
					ransportation Coordinator: usiness Manager:	
				P:1151; R.S. 0545	P:1151; R.S. 0545; A: 5320430; DOC #: PT	
				Agency Accounting Office Use Only Paid by Revolving Fund Check Number:		
				Date:		
				California School	I for the Blind (CSB), February 202	