Parent Transportation Reimbursement Claim

Please Return To: Director of Student Programs
Norfolk Public Schools, 512 W. Phillip Ave, Norfolk, NE 68701

Date	From (location)	To (location)	Miles Driven

Child's Name: _____

Total Miles Driven: _____

Current Mileage Rate: _____

Total Due: _____

I hereby certify that this report is a true and correct report of miles I have driven in transporting the above child for Norfolk Public Schools for the month of _____ , 20____ .

_____
Signature of Parent/Guardian

_____
Address/City/St/Zip

_____
Approved by

_____
Date