



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 STUDENT TRANSPORTATION SERVICES

REQUEST FOR PRIVATE CAR MILEAGE REIMBURSEMENT

Name of Parent/Guardian: _____ Phone #1: _____ Phone #2: _____

Home Address: _____ Zip Code: _____

Name of Payee (if different): _____ Phone #1: _____ Phone #2: _____

Mailing Address: _____ Zip Code: _____

Driver's Name: _____ Driver's Phone: _____

Insurance Company: _____ Policy No. (last 4 #'s): _____

Effective Date: _____ to _____

Name of Student (s): _____

School(s): _____

I will be claiming Mileage Reimbursement for School Year _____:
 (Check appropriate box)

- Morning:** Home to Assigned Bus Stop/School
- Afternoon:** Assigned Bus Stop/School to Home
- Roundtrip:** Home to Bus Stop/School **plus** Bus Stop/School to Home

I certify the above information is true and correct. I understand misrepresentation on this request may result in loss of mileage reimbursement privileges.

 (Signature of Parent/Guardian) (Date)

I certify student(s) attends school(s) indicated, and agree to verify monthly attendance.

 (Signature of Principal/Designee) (Date)

To Be Completed by Student Transportation Officer:

* Homeless SPED Other _____

Distance from Home to Assigned Bus Stop/School: _____

Minimum Qualifying Distance for Student's School Level: _____

Total Qualifying One-Way Mileage for Reimbursement: _____

Total Daily Mileage for Reimbursement: _____

 (Signature of Student Transportation Officer) (Date)

APPROVED **DISAPPROVED**

 (Signature of Student Transportation Services Manager) (Date)