

SIMSBURY PUBLIC SCHOOLS  
933 HOPMEADOW STREET  
SIMSBURY, CT 06070

00-17-32-2550-05110

Student's Name: \_\_\_\_\_

Street/City/Zip \_\_\_\_\_

Miles traveled to and from school: \_\_\_\_\_

2009-10 Transportation Allowance \$ .55/mile

Date submitted \_\_\_\_\_

**Please do not submit your request before  
the end of the reporting period.**

The Master's School 2009-10 calendar indicates that from September - December classes are in session a total of 75 days, and from January - June, classes are in session a total of 98 days. In order to request transportation reimbursement, please return **one** completed form by January 30, 2010 for the first half of the year and the **second** completed form by June 25, 2010 for the second semester. **Forms received after June 30, 2010 will not be honored.** Reimbursement will be computed by multiplying the number of days classes are in session minus the number of days the student is absent by the mileage traveled per day at the rate of \$ .55 per mile.

**Example:** 75 days minus 4 days absent = 71 days transported  
Round trip mileage = 8 miles/day x \$ .55/mile = \$4.40/day  
71 days x \$4.40/day = \$312.40 reimbursement

Indicate the days the student was absent from school (including snow days). These dates to be verified by The Master's School.

**Reimbursement Request** (Circle the applicable time period and fill in all information)

Sept - December 75 days minus \_\_\_\_\_ equals \_\_\_\_\_ x \_\_\_\_\_ x \$.55/mi = \_\_\_\_\_  
Days Absent Days Transported Roundtrip Mileage Reimbursement Requested

January-June 98 days minus \_\_\_\_\_ equals \_\_\_\_\_ x \_\_\_\_\_ x \$.55/mi = \_\_\_\_\_  
Days Absent Days Transported Roundtrip Mileage Reimbursement Requested

I certify that the above reimbursement request represents true and accurate mileage for the transportation of my son/daughter to The Master's School. I further acknowledge that the responsibility and liability for said transportation remains solely with me and that the Simsbury Board of Education is free of any and all liabilities.

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_  
David P. Holden, Business Manager  
Simsbury Public Schools