



Mileage Reimbursement Request Form

Federal Programs - 503-261-4579

Student Information (Please Print)

Name:		Synergy ID:	
School:	Counselor:		
Preferred Language:		Eligible for ELL?	

SSSO Supports (Please Circle All that Apply)

IEP or 504 Plan?	Transportation on IEP?
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Parent/ Legal Guardian or Caretaker (Please Print)

	Phone:
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Please complete your address information for the week ending : (Date)

		Trip Miles
Monday Date:	Home Address AM:	
	Home Address PM:	
Tuesday Date:	Home Address AM:	
	Home Address PM:	
Wednesday Date:	Home Address AM:	
	Home Address PM:	
Thursday Date:	Home Address AM:	
	Home Address PM:	
Friday Date:	Home Address AM:	
	Home Address PM:	

By signing below, I certify that I have requested mileage reimbursement based on the address(s) above.

I, , understand mileage will be calculated base on **one round-trip per school day**.

My child's attendance will be verified prior to reimbursement. If attendance becomes an issue, this option may be revoked by the district based on feasibility. Checks will be issued on a monthly basis and parent must sign a receipt at either the school or district office. **Please indicate your pick-up preference: (Circle) School or District Office**

Parent/Guardian Signature	Date
Federal Programs Approval	Date

Federal Program Use

Date Received	# Miles this week	Start Date	End Date
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