

## Transportation Reimbursement Form

This transportation reimbursement form is to be completed by parents/guardians of a special education student who has transportation listed on his/her IEP AND who is receiving only therapy services from Clovis Municipal Schools. The child MUST be preschool age (2-5) and MAY NOT be attending any other CMS program.

Name of Student	Date of Birth	Parent/Guardian Name	Services Delivered at: (Name of school site)

Dates of Service	Signature of Service Provider	Distance to school	Total Miles	Total = total miles X .41

I am requesting reimbursement for mileage traveled in order to provide ancillary services for my child. I understand that I must submit a reimbursement form twice a month, once on the 10<sup>th</sup> of the month and then again on the 25<sup>th</sup>.

My physical address is:

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I verify that the information stated above is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

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Exec. Director Authorization

Attachments to include Mapquest mileage verification