REQUEST FOR MILEAGE REIMBURSEMENT Rock County Schools

NOTE: In order to be eligible for reimbursement, the family residence **must exceed** 3 miles from the school. *Calculations are based on one way mileage*.

FAMILY INFORMATION				
NAME OF PERSON MAKING REQUEST			PHONE NUMBER	
MAILING ADDRESS			CITY, STATE, ZIP	CODE
NAME OF SCHOOL	# MILES FROM SO	CHOOL	FOR MONTH, YE	AR
NAMES OF CHILDREN BELONGING TO THIS FAMILY, BEIN	G TRANSPORTED 1	TO SCHOOL, CURF	RENT GRADE LEVE	L:
SECTION A: REGULAR RESIDENT DISTRICT STUDENTS (Please document the days in which only the children which carpooling occurred must be documented in SE	from this family (
\$1.9095 (effective 01/01/24)				
# DAYS YOU TRANSPORTED OWN CHILDREN TO SCHOOL				
SECTION B: REGULAR RESIDENT DISTRICT STUDENTS CHILDREN FROM ONE ADD'L FAMILY	- GRADES K-8 - T	RANSPORTATIO	N OF OWN CHIL	DREN PLUS
\$2.0050 (effective 01/01/24)				
# DAYS YOU TRANSPORTED OTHER CHILDREN TO SCHOOL				
NAMES OF ADDITIONAL CHILDREN CARPOOLED:				
SECTION C: ENROLLMENT OPTION STUDENTS - GRA	DES K-8 - <i>(MUST</i>	qualify for free	and reduced lund	ch)
\$.9548 (effective 01/01/24)				
# DAYS YOU TRANSPORTED OWN CHILDREN TO SCHOOL				
SIGNATURE			DATE	

Please turn in your mileage reimbursement requests by the **first of each month.** It takes 5-6 days for processing. Once this is complete, the payment will be made at the next school board meeting. Requests received after the first of each month will be paid at the following school board meeting.

Send to: Rock County Schools, Attn: BrandiHollenbeck, P.O. Box 448, Bassett NE 68714

Fax to: 402-684-3671

Email to: bhollenbeck@rockcountyschools.org
(If you email your mileage form make sure you receive a confirmation email)
Please Contact Brandi Hollenbeck with any questions @ 402-684-3411

Rates are Established by the Department of Administrative Services under State Statute Section 81-1176

NAME:

DATE:	(A) OWN CHILDREN	DATE	(B) OWN PLUS ONE FAMILY	DATE:	(C) OWN PLUS TWO FAMILIES
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