

TACOMA SCHOOL DISTRICT
Tone Resource Center
McKinney/Vento Act
Mileage Reimbursement



The following student was transported from his/her home to school: _____

Please Print

Address from which student is being transported _____ Zip: _____

School to which student is being transported: _____

Name of person providing transportation: _____

Transportation was provided to the above student to and from school from the indicated address starting on _____ and ending on _____

In the case of multiple students, miles claimed are not to exceed one round-trip daily and mileage will be calculated from the residence to the furthest school. Mileage will be calculated on MapQuest.

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. **This is considered to be a contract between the parent/guardian and the Tacoma School District.**

Signature _____ Date _____
Parent/Guardian/Transportation Provider (sign in blue ink please)

Please make check payable to: _____

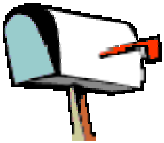
Mailing Address: _____

City/State/Zip: _____

Return to: Tone Resource Center
3110 So. 43rd Street
Tacoma, WA 98405

Or fax to: (253) 571-1928

Please allow 2-3 weeks for payment



DO NOT WRITE BELOW THIS LINE

Total Number of miles: _____ @ District-approved rate per mile of \$ _____
(miles will be verified by Tacoma School District using MapQuest)

Attendance from eSIS report:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Date received in Accounts Payable: _____

Date processed for payment: _____

Signature of TSD certifying official: _____