FRANKLIN COUNTY PUBLIC SCHOOLS

DEPARTMENT OF TRANSPORTATION
PARENT MILEAGE REIMBURSEMENT

REQUIRES APPROVED PARENT MILEAGE AGGREEMENT TO BE ON FILE WITH FRANKLIN COUNTY PUBLIC SCHOOLS

STUDENT ID#_____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

DATE	DESTINATION	RATE	MILES	AMOUNT TO REIMBURSE
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
		0.67		
TOTAL				

PARENT NAME (PRINT)_____**HOME ADDRESS**_____

PARENT SIGNATURE_____ **DATE**_____

APPROVAL- DIRECTOR OF TRANSORTATION _____ **DATE**_____

APPROVAL- DIRECTOR OF PUPIL SERVICES _____ **DATE**_____

THIS FORM MUST BE SUBMITTED TO THE DIRECTOR OF TRANSPORTATION AT THE END OF EACH MONTH IN WHICH THE STUDENT IS TRANSPORTED.

REVISED 01/01/2024