



# HABERSHAM COUNTY SCHOOL DISTRICT

## McKinney-Vento Homeless Education Assistance Act

### Request for Transportation Reimbursement

**PLEASE PRINT ALL REQUESTED INFORMATION**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent/Guardian/Driver Name: \_\_\_\_\_

Parent/Guardian/Driver Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In accordance with the McKinney-Vento Homeless Education Assistance Act, Education for Homeless Children and Youths, I, the undersigned, being the parent/guardian/driver of the above named student, do hereby confirm that said student is enrolled in the above named school and I have provided transportation for this student **from the student address to the school and from the school back to the student address** on the dates below. I further understand that I will be reimbursed for only those days when the student is actually in the vehicle at the rate of 28 cents per mile.

Date Driven to/from School	From Home to School	From School to Home	Date Driven to/from School	From Home to School	From School to Home	Date Driven to/from School	From Home to School	From School to Home
<i>Ex. 8/10/2018</i>	√	√						

**Please choose: I will pick up this check at the school \_\_\_\_\_ or mail my check \_\_\_\_\_**

**Parent/Guardian/Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Attendance & Mileage Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*HCSD Homeless Liaison*

**Reimbursement Calculation:** \_\_\_\_\_ times \_\_\_\_\_ times \_\_\_\_\_ equals \_\_\_\_\_  
*# of Trips                      # of Miles                      Rate                      Total Payment*

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*HCSD Federal Programs Director*

**Charge to Account Code:** 401/402-X-2700-519-00-1750-20 *Revised: 7/1/18*