

Curlew School District Parent In-Lieu Excess Mileage Claim Form

Reimbursement Claim for the Month of _____

Parent/Guardian Name _____
Mailing Address _____
City, State, ZIP _____
Physical Address _____

Student	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mileage will be determined by the district.

Directions: Place an X in the appropriate box below for each school day you transported your student to or from school/bus stop. Submit completed claim form to the school office by the **10th day of the month.**

<u>DATE</u>	<u>AM</u>	<u>PM</u>	<u>DATE</u>	<u>AM</u>	<u>PM</u>
1	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>
			31	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that this is a true and correct claim for Parent in-Lieu Excess Mileage in accordance with Curlew School District Policy 6625 and that I have received a copy of such policy.

Signature _____

Date Signed _____