

OPTION TRANSPORTATION CLAIM FORM

O'Neill Public School District #7

NUMBER OF MILES FROM SCHOOL - ONE WAY (SHORTEST DISTANCE) _____

DEDUCT FIRST 3 MILES _____ -3 _____

TOTAL MILES ELIGIBLE FOR PAYMENT _____

Number of Days Students Transported _____

Name of Student(s) Transported	Grade Level

Transportation Dates: Beginning: _____

Ending: _____

NOTE: Claims should be submitted monthly and must be received by the Wednesday before the School Board Meeting.

I hereby verify this claim to be true and accurate to the best of my knowledge.

Signed

Date

Mailing Address

Resident School District

City, State, Zip

Phone

ACTUAL LOCATION OF HOUSE WHERE YOU LIVE
(Complete only on first claim of each school year)

Send claims to Amy Shane, Superintendent, O'Neill Public Schools
PO Box 230, O'Neill, NE 68763 or deliver to offices at 410 East Benton

Date Paid	_____	Ck No	_____	Acct	2751-332-1	Amt	_____
				Acct	2751-332-2	Amt	_____
Approved	_____			Date	_____		