

**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 **2710-332-2751-2** Amt \_\_\_\_\_

Acct **2710-332-2751-1** Amt \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_