

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 Mike Rotherham, Superintendent, O'Neill Public Schools
635 N 4th Street, O'Neill, NE 68763

| | | | |
|-----------------|-------------|-----------------------------------|-----------|
| Date Paid _____ | Ck No _____ | Acct 2710-332-2751-2 _____ | Amt _____ |
| | | Acct 2710-332-2751-1 _____ | Amt _____ |
| Approved _____ | | Date _____ | |