

REGULAR 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 2710-332-002 _____	Amt _____
		Acct 2710-332-001 _____	Amt _____
Approved _____	Date _____		