

DUBARD SCHOOL FOR LANGUAGE DISORDERS MONTHLY TRANSPORTATION REIMBURSEMENT FORM

Procedures for transportation reimbursements:

1. Keep a record of days your child attends DuBard School.
2. Fill out the form below on the last school day of each month. Please send this completed form **TO THE TEACHER ON THE LAST SCHOOL DAY OF EACH MONTH. Any forms turned in after the 15th of the following month will be processed the next month.**
3. Your child's teacher will verify the attendance you record and sign the form.
4. The necessary paperwork will be submitted to University accounting personnel as soon as possible and you will receive the check by mail from USM. Please contact the office if you do not receive your check. Please **do not** contact the University Business Office.
5. If you **do not** carpool, please complete **dates attended columns only**. If you **do** carpool, please complete **dates attended column as well as marking days and/or miles driven columns**.

Daily Attendance Record for: _____

School Attended: USM DuBard School for Language Disorders

Driver: _____

Month: _____

Dates Attended	Place check mark by days you drove (carpool)	Miles you drove (carpool)	Dates Attended	Place check mark by days you drove (carpool)	Miles you drove (carpool)

Total Days Attended: _____

Total Days or Miles Driven (carpool only): _____

I certify that the above information is correct. _____

Driver

Teacher _____ **Teacher's Signature** _____

Date _____