

CLAIM FOR REIMBURSEMENT OF SPECIAL EDUCATION TRANSPORTATION EXPENSES

Aberdeen School District 6-1
1224 South 3rd Street
Aberdeen, SD 57401
605-725-7146

Reimbursement of Special Education transportation expenses for necessary travel will be paid at the rate of \$.42 per mile if driven by car or the actual cost of a common carrier such as a bus. If common carrier is used, a receipt or a ticket stub showing the cost must accompany this claim form. **Please have all claims in by June 30 of the current year.**

To file a claim for reimbursement:

1. Complete this form in detail.
2. Sign the attached voucher on the line marked with an "X". Do **NOT** fill out the voucher.
3. Return this claim form and the signed voucher to:

Special Education Office
Aberdeen School District 6-1
1224 South 3rd Street
Aberdeen, SD 57401

Date of Travel	Reason for Travel	Means of Travel	Number of Miles if by car	Office use only

Person claiming reimbursement: _____

Address: _____

Phone Number: _____

SCHOOL DISTRICT VOUCHER FOR PAYMENT FROM SCHOOL ACCOUNT
 (Bill or Claim Against the School District)
 ABERDEEN SCHOOL DISTRICT 6-1
 1224 South 3rd Street
 Aberdeen SD 57401

Claimant: _____

Address: _____

Date of Service	Itemized Description of Materials & Supplies or Personal Service & Travel Information	Purchase Order #	Quantity	Unit Price	Total
Budget Code: 22 2730 000 332 000					

(Voucher will be returned if not coded)

CLAIMANT VERIFICATION IF VOUCHER IS FOR PERSONAL SERVICE, TRAVEL REIMBURSEMENT OR EXPENDITURES OTHER THAN PAYROLL UNDER A CONTRACTED PRICE:

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Date: _____ Signature of Claimant: _____

VERIFICATION OF SUPERINTENDENT, BUSINESS MANAGER OR OTHER AUTHORIZED AGENT OF DISTRICT

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further certify that the above services were rendered, or that the above listed materials were received in an acceptable condition, and that the above claim is hereby approved by me for pay on this _____ day of _____, _____.

Signed: _____
 Superintendent, Business Manager or other Authorized Agent

Approved for Payment by School Board Action on: _____