

THE SCHOOL DISTRICT OF PHILADELPHIA

Department of Transportation Services

440 N. Broad Street, Suite 311

Philadelphia PA 19130-4015

Telephone (215) 400-4350

Facsimile (215) 400-4353

Mileage Reimbursement Form

Print Legibly Using Blue or Black Ink Only

School Information

Name of School _____ School # _____

Address of School _____

City _____ State _____ Zip Code _____

Student & Driver Information – Check here if student has new address:

Name of Student(s) _____

Address of Student(s)* _____ Apt # _____

City _____ Philadelphia _____ State _____ PA _____ Zip Code _____

Grade Level(s) _____ Date(s) of Birth _____

Estimated Distance from Student's Home to School (in miles) _____

Name of Person to be Reimbursed _____

Social Security Number of Person to be Reimbursed _____ - _____ - _____

Vehicle Information – (You may need to refer to your owner's card for this information)

Make (i.e., Ford) _____ Model (i.e., Focus) _____

Model Year _____ License Plate _____ Number of Seats _____

Manufacturer's Number (VIN) _____

School Verification – (This section is to be filled out by school officials only)

Month & Year of Request _____ Number of Days in Attendance** _____

Signature _____ Title _____ Date _____

PARENTS: Please do not call about payments until at least 30 days after the end of the month

*This is the address where reimbursement checks will be sent unless otherwise specified

**This is the student's attendance for the month, not the number of school days in the month