**McKinney-Vento Homeless Assistance Act**

**Request for Mileage Reimbursement**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**It is hereby agreed between the above District, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(circle one: student/parent/guardian), that said person will transport to and from the above temporary residence to the school, and from the school listed above to the above temporary residence.**

**In accepting this contract, above said person (driver) agrees to hold and save District harmless from and against any and all actions or causes of action, claims, demands, liabilities, loss, damage or expense of any kind related to the transporting of the above student to and from school.**

**The District agrees to reimburse the above said person (driver) for gas equal to the mileage to and from the school and temporary residence on record of a rate of \_\_\_\_\_\_\_ per mile each day the student is in attendance.**

**This contract is only in effect while the student/family is defined as homeless under the McKinney-Vento Homeless Act.**

|  |  |  |
| --- | --- | --- |
| **Day of Week and Date:** | **Home to School (√)** | **School to Home (√)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**By signing below, I certify that I have requested mileage reimbursement based on the temporary address of school record. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand mileage will be calculated based on one round trip per school day. Attendance will be verified prior to reimbursement. Checks will be issued on a monthly basis. Forms must be completed weekly and submitted to the District Homeless Liaison,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student/Parent/Guardian Date**

|  |
| --- |
| **\*District Use Only: Mileage One Way:\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage Roundtrip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Reimbursement Calculation: \_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **# of trips #of miles Rate Total Payment****Verified by District Homeless Liaison:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Final Approval by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |