

# Transportation Claim Form PDF-100



NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATES FROM: \_\_\_\_\_ TO \_\_\_\_\_

	Ledgewood	Stone Creek	Kinnikinnick	Roscoe MS	Prairie Hill	Willowbrook	Shirland	Rockton GS	Whitman Post	Stephen Mack	Hononegah	Clark	Riverview	Blackhawk/SBJH	South Beloit HS	Pecatonica GS	Pecatonica MS	Pecatonica HS	Durand District	Dolan Ed. Center	Seward	Simon	McNair	Winnebago MS	Winnebago HS
<b>One Way</b>	7.25	7.25	5.5	6	6.75	6.75	8.5	2.75	2.75	2.75	2	5.25	5.75	5	4.25	24	24	24.5	16	9.5	28	22	21.5	21.5	21.5
<b>Rnd Trip</b>	14.5	14.5	11	12	13.5	13.5	17	5.5	5.5	5.5	4	10.5	11.5	10	8.5	48	48	49	32	19	56	44	43	43	43

The above are *suggested mileage* to and from the Cooperative to district schools and local agencies. Please refer to the actual Transportation Policy regarding what mileage is claimable.

Date	Destination	Mileage
Total Mileage This Column:		

Date	Destination	Mileage
Total Mileage Both Columns: (Total Page Mileage)		

TOTAL MILEAGE: \_\_\_\_\_

RATE: \_\_\_\_\_

TOTAL CLAIM: \_\_\_\_\_

\_\_\_\_\_  
Director Approval

\_\_\_\_\_  
Date