

AFTER SCHOOL REMEDIAL PROGRAMS

**SCHOOL BUS MILEAGE
REIMBURSEMENT**

SCHOOL_____

PAYMENT FOR THE MONTH OF_____

DATE_____

TOTAL MILES FOR MONTH _____ x \$1.8321 =_____

DIRECTIONS:

**SUBMIT ONE COPY OF THIS FORM AND THE CHECK TO THE
TRANSPORTATION DEPARTMENT NO LATER THAN THE 10TH OF THE
FOLLOWING MONTH.**

**INCLUDE ONE COPY OF THE FORM “SCHOOL BUS MILEAGE FOR AFTER
SCHOOL REMEDIAL PROGRAMS.”**

**MAKE THE CHECK PAYABLE TO THE CARTERET COUNTY BOARD OF
EDUCATION FOR THE ENTIRE MONTH’S MILEAGE.**