

Field Trip School Bus Mileage Reimbursement
Fiscal Year 20____ - 20____

Name of School _____

Month of Field Trip(s) _____

Total Miles _____ x \$2.5227 = _____

NOTE: MAKE ALL CHECKS PAYABLE TO CARTERET COUNTY
BOARD OF EDUCATION FOR THE ENTIRE MONTH'S BALANCE.

Instructions:

Submit one copy of this form along with your check to Carteret County Schools' Transportation Department no later than the 10th of the following month.

Include one copy of the "Request for Field Trip" form for each trip made during the month.