

Please Mail to:  
Quemado ISD #2  
P.O. Box 128  
Quemado, NM 87829

DATE 2/22/21

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began August, 2019 Phone # (575) 772-5325 c. (260) 437-8145

Parent or Payee: Alexander Strack

Driver's Name (if different): \_\_\_\_\_ (PLEASE TURN IN A COPY OF THE DRIVER'S LICENSE FOR THE PERSON THAT IS DRIVING YOUR STUDENTS TO THE BUS STOP)

Name of Student(s) to be transported:

<u>Name</u>	<u>Grade</u>
<u>Sean Strack</u>	<u>3</u>
_____	_____
_____	_____
_____	_____

Mileage from Origin of vehicle (Use map location; Example: Junction of Forest Road 6 and Highway 60, or School Campus such as Datil or Quemado)

Bus Driver you meet (Example: B.A. Gooddriver): Russel Walraven

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 11.3

Please indicate the number of one-way trips made daily: 4

(One one-way trip would be to the bus stop/ school in the morning, another one-way trip would be returning home in the morning.)

If more than four one-way trips, please explain: \_\_\_\_\_

**\*\*NOTE: ANY CLAIM FORMS NOT RETURNED WITHIN 2 MONTHS WILL NOT BE PAID.**

I hereby swear (affirm) that the above information is true and correct to the best of my/our knowledge. I/We agree to notify the district superintendent's office of any changes in the above information within five school days of the change.

I/We further agree to repay to the State of New Mexico any funds received which I/We are not entitled to because of false information of the application.

I understand that my child/children must ride the bus one quarter of the time each week (2 times/week), on a regular basis in order to receive feeder route payment for the month.

Alexander Strack  
PAYEE SIGNATURE

P.O. Box 427-8145  
MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 2/23/21 Date Approved by Board of Education \_\_\_\_\_  
One-Way Mileage 11.3

Times No. of Trips	<u>Miles</u>	<u>Tenths</u>
<u>4</u> =	Total Daily Reimbursable Miles <u>45</u>	<u>2</u>
	@\$ .35 per mile (Subject To Change without Notice)	
	Total Per Day.....	\$ <u>15.82</u>
	Adjustments.....	\$ _____
Copy to Applicant (.)	Total Daily Allowance.....	\$ <u>15.82</u>
	Times Number of Days.....	\$ <u>87</u>
Initial _____	<b>TOTAL PER YEAR.....</b>	\$ <u>1376.34</u>

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DATE 2/22/21

**FEEDER ROUTE MILEAGE AGREEMENT**

Date Feeder Route Began August, 2019 Phone # (575) 772-53

Parent or Payee: Alexander Strack

Driver's Name (if different): \_\_\_\_\_ (PLEASE TURN IN A

PERSON THAT IS DRIVING YOUR STUDENTS TO THE BUS STOP)

Name of Student(s) to be transported:

Hanna Strack

Mileage from Origin of vehicle (Use map location; Example: Junction of Forest Road 6 and I  
 Quemado)

Bus Driver you meet (Example: B.A. Gooddriver): Melinda Walraven

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 11.3

Please indicate the number of one-way trips made daily: 4

(One one-way trip would be to the bus stop/ school in the morning, another one-way trip would be returning home in the morning.)

If more than four one-way trips, please explain: \_\_\_\_\_

2 Feeder route forms

The mother said the kids ride separate buses which reach the stop an hour apart. Sometimes they wait at the bus stop and sometimes they don't.

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I/We further agree to repay to the State of New Mexico any funds received which I/We are not entitled to because of false information of the application.

I understand that my child/children must ride the bus one quarter of the time each week (2 times/week), on a regular basis in order to receive feeder route payment for the month.

Alexander Strack  
 PAYEE SIGNATURE

P.O. Box 427 Datil, NM 87821  
 MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 2/23/21 Date Approved by Board of Education \_\_\_\_\_  
 One-Way Mileage 11.3

Times No. of Trips <u>4</u> =	<u>45</u>	<u>2</u>
	<b>Miles</b>	<b>Tenths</b>
	Total Daily Reimbursable Miles	
	@\$.35 per mile (Subject To Change without Notice)	
	Total Per Day.....	\$ <u>15.82</u>
	Adjustments.....	\$ _____
	Total Daily Allowance.....	\$ <u>15.82</u>
	Times Number of Days.....	\$ <u>66</u>
	<b>TOTAL PER YEAR.....</b>	\$ <u>1044.12</u>

Copy to Applicant (.)

Initial \_\_\_\_\_

Please Mail to:  
 Quemado ISD #2  
 P.O. Box 128  
 Quemado, NM 87829

DATE 2/8/21

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began 2/8/2021 Phone # ~~714~~ 575-322-5903

Parent or Payee: Saralynn Song

Driver's Name (if different): \_\_\_\_\_ (PLEASE TURN IN A COPY OF THE DRIVER'S LICENSE FOR THE PERSON THAT IS DRIVING YOUR STUDENTS TO THE BUS STOP)

Name of Student(s) to be transported:

Name	Grade
<u>Trent LaCompte</u>	<u>8th</u>
_____	_____
_____	_____
_____	_____

Mileage from Origin of vehicle (Use map location; Example: Junction of Forest Road 6 and Highway 60, or School Campus such as Datil or Quemado)

15 miles - Junction of Criswell Rd/Forest Road 6A and Highway 60

Bus Driver you meet (Example: B.A. Gooddriver): Melinda

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): \_\_\_\_\_

Please indicate the number of one-way trips made daily: 4

(One one-way trip would be to the bus stop/ school in the morning, another one-way trip would be returning home in the morning.)  
 If more than four one-way trips, please explain: \_\_\_\_\_

**\*\*NOTE: ANY CLAIM FORMS NOT RETURNED WITHIN 2 MONTHS WILL NOT BE PAID.**

I hereby swear (affirm) that the above information is true and correct to the best of my/our knowledge. I/We agree to notify the district superintendent's office of any changes in the above information within five school days of the change.

I/We further agree to repay to the State of New Mexico any funds received which I/We are not entitled to because of false information of the application.

I understand that my child/children must ride the bus one quarter of the time each week (2 times/week), on a regular basis in order to receive feeder route payment for the month.

Saralynn Song  
 PAYEE SIGNATURE

PO Box 64, Datil NM 87821  
 MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 3/01/21 Date Approved by Board of Education \_\_\_\_\_  
 One-Way Mileage 15

Times No. of Trips	=	Total Daily Reimbursable Miles	Miles	Tenths
<u>4</u>	=	<u>60</u>		
			@\$ .35 per mile (Subject To Change without Notice)	
		Total Per Day.....	\$	<u>21.00</u>
		Adjustments.....	\$	_____
		Total Daily Allowance.....	\$	<u>21.00</u>
		Times Number of Days.....	\$	<u>66</u>
		<b>TOTAL PER YEAR.....</b>	\$	<u>1386.00</u>

Copy to Applicant ( )  
 Initial \_\_\_\_\_

Please Mail to:  
 Quemado ISD #2  
 P.O. Box 128  
 Quemado, NM 87829

DATE Feb 1, 2021

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began Feb 1, 2021 Phone # 575.518.8639

Parent or Payee: Amber McIntosh

Driver's Name (if different): \_\_\_\_\_ (PLEASE TURN IN A COPY OF THE DRIVER'S LICENSE FOR THE PERSON THAT IS DRIVING YOUR STUDENTS TO THE BUS STOP)

Name of Student(s) to be transported:

Name	Grade
<u>Riley Sanders</u>	<u>4</u>
_____	_____
_____	_____
_____	_____

Mileage from Origin of vehicle (Use map location; Example: Junction of Forest Road 6 and Highway 60, or School Campus such as Datil or Quemado)

Bus Driver you meet (Example: B.A. Gooddriver): Russel or Melinda Walranen  
 Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 2.9

Please indicate the number of one-way trips made daily: 4  
 (One one-way trip would be to the bus stop/ school in the morning, another one-way trip would be returning home in the morning.)  
 If more than four one-way trips, please explain: \_\_\_\_\_

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I/We further agree to repay to the State of New Mexico any funds received which I/We are not entitled to because of false information of the application.

I understand that my child/children must ride the bus one quarter of the time each week (2 times/week), on a regular basis in order to receive feeder route payment for the month.

Amber McIntosh  
 PAYEE SIGNATURE

PO Box 646, Datil, NM 87821  
 MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received Feb 1, 2021 Date Approved by Board of Education \_\_\_\_\_  
 One-Way Mileage 2.9

Times No. of Trips <u>4</u> =	<u>Miles</u>	<u>Tenths</u>
	<u>11</u>	<u>6</u>
	@\$.35 per mile (Subject To Change without Notice)	
Total Per Day.....	\$	<u>4.06</u>
Adjustments.....	\$	_____
Total Daily Allowance.....	\$	_____
Times Number of Days.....	\$	<u>71</u>
Initial _____	<b>TOTAL PER YEAR.....</b>	<b>\$ <u>288.26</u></b>

Copy to Applicant (.)