

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

DATE 9-14-20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began Sept. 9. 2020 Phone # 575-772-2566

Parent or Payee: Rose Whitaker

Driver's Name (if different): Robert & Ros Whitake (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>Breanna Elliston</u>	<u>6th</u>
<u>Colton Elliston</u>	<u>5th</u>
<u>Cay Elliston</u>	<u>3rd</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)

Craters Elk Ridge Lot #13
 Bus Driver you meet (Example: B.A. Gooddriver): Crystal

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: 6 miles
 (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.

R. Whitaker
 PAYEE SIGNATURE

HC 65 Box 300 Pie Town
 MAILING ADDRESS 87827

FOR OFFICE USE ONLY

SCHOOL YEAR: 2020-2021

Need Drivers License & proof of insurance.

Date Received 9/14 Date Approved by Board of Education _____
 One-Way Mileage 9.6

	<u>Miles</u>	<u>Tenths</u>
Times No. of Trips <u>4</u> =	Total Daily Reimbursable Miles <u>24</u>	<u>0</u>
	@\$.35 per mile (Subject To Change without Notice)	
	Total Per Day.....	\$ <u>8.40</u>
	Adjustments.....	\$ _____
Copy to Applicant (.)	Total Daily Allowance.....	\$ _____
Initial _____	Times Number of Days.....	\$ <u>150.00</u>
	TOTAL PER YEAR.....	\$ <u>\$1260.00</u>