

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

DATE 9/15/20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began 9/8/20 Phone # 520-901-4874

Parent or Payee: Stephanie Jacobs

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>Ruby Jacobs</u>	<u>7th</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): Fence Lake Bus - Karla ?
 Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 5.3

Please indicate the number of one-way trips made daily: 2x
 (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.

Stephanie Jacobs
 PAYEE SIGNATURE

HC. 60 BOX 52, Quemado, NM 87829
 MAILING ADDRESS

FOR OFFICE USE ONLY

SCHOOL YEAR: 2020-2021

Date Received 9/15 Date Approved by Board of Education _____
 One-Way Mileage 5.3

Times No. of Trips	<u>Miles</u>	<u>Tenths</u>
<u>2</u>	Total Daily Reimbursable Miles <u>10</u>	<u>6</u>
	@\$.35 per mile (Subject To Change without Notice)	
	Total Per Day.....	\$ <u>3.71</u>
	Adjustments.....	\$ _____
	Total Daily Allowance.....	\$ _____
	Times Number of Days.....	\$ <u>150</u>
	TOTAL PER YEAR.....	\$ <u>556.50</u>

Copy to Applicant (.)

Initial _____