

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

DATE 9-21-20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began \_\_\_\_\_ Phone # 928-242-8422

Parent or Payee: Krystal Stevens

Driver's Name (if different): Krystal Calhoun (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>Aaron Calhoun</u>	<u>5<sup>th</sup></u>
<u>Seth Stevens</u>	<u>3<sup>rd</sup></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) Crystal

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

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 5.26

Please indicate the number of one-way trips made daily: 11.2 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.

[Signature]  
 PAYEE SIGNATURE

P.O. Box 586 Quemado N.M.  
 MAILING ADDRESS 87829

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 9/28/20 Date Approved by Board of Education \_\_\_\_\_

One-Way Mileage 5.6

Times No. of Trips 4 = 21 Miles

Total Daily Reimbursable Miles 21 @\$.35 per mile (Subject To Change without Notice)

Total Per Day..... \$ 7.56

Adjustments..... \$ \_\_\_\_\_

Total Daily Allowance..... \$ \_\_\_\_\_

Times Number of Days..... \$ 150

TOTAL PER YEAR..... \$ 1134.00

Copy to Applicant (.)

Initial \_\_\_\_\_

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

DATE 10/7/20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began 9/16/20 Phone # 520 686 0635

Parent or Payee: Kamren Gibson

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>Bree Rhymer</u>	<u>5</u>
<u>Christopher George</u>	<u>6</u>
<u>Shawn Dougherty</u>	<u>5</u>
<u>Tiffany George</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): R. Walraven or M. Walraven

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 13

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.

[Signature]  
 PAYEE SIGNATURE

P.O. Box 475 Datil Nm 87821  
 MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 10/08/20 Date Approved by Board of Education \_\_\_\_\_

One-Way Mileage 13

Times No. of Trips	=	Total Daily Reimbursable Miles	<u>Miles</u>	<u>Tenths</u>
<u>52</u>	=	<u>52</u>	<u>52</u>	
@\$ .35 per mile (Subject To Change without Notice)				
Total Per Day.....			\$	<u>18.20</u>
Adjustments.....			\$	
Total Daily Allowance.....			\$	
Times Number of Days.....			\$	<u>150</u>
Initial _____		<b>TOTAL PER YEAR.....</b>	\$	<u>2730.00</u>

Copy to Applicant (.)

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

DATE 9/28/20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began 9/8/20 Phone # (505)713-6724

Parent or Payee: Iris Jake

Driver's Name (if different): Iris Jake (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>Ericson Pino</u>	<u>12<sup>th</sup></u>
<u>Inessa Pino</u>	<u>11<sup>th</sup></u>
<u>Rihanna Pino</u>	<u>8<sup>th</sup></u>
<u>Uriel Pino</u>	<u>5<sup>th</sup></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)

10 miles End of reservation to bus stop

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

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 10.0

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 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.

[Signature]  
 PAYEE SIGNATURE

P.O. Box 598 Ramah, NM 87321  
 MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 10/01 Date Approved by Board of Education \_\_\_\_\_

One-Way Mileage 10

Times No. of Trips 4 = Total Daily Reimbursable Miles 40 0 0

@\$.35 per mile (Subject To Change without Notice)

Total Per Day..... \$ 14.00

Adjustments..... \$ \_\_\_\_\_

Total Daily Allowance..... \$ \_\_\_\_\_

Times Number of Days..... \$ 150.00

**TOTAL PER YEAR..... \$ 2100.00**

Copy to Applicant (.)

Initial \_\_\_\_\_

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 9-9-20 Phone # (505) 567-1546

Parent or Payee: Iva Jake

Driver's Name (if different): Iva Jake (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>Aloura S. Jake</u>	<u>5<sup>th</sup></u>
<u>Kirshanna K. Cohoe</u>	<u>12<sup>th</sup></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): \_\_\_\_\_

Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 10.0

Please indicate the number of one-way trips made daily: four ~~one~~ trips daily / 2 in the morning - 2 in the afternoon  
(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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PAYEE SIGNATURE

P.O. Box 598 Ramah N.M. 87321  
MAILING ADDRESS

**FOR OFFICE USE ONLY**

SCHOOL YEAR: 2020-2021

Date Received 10/01 Date Approved by Board of Education \_\_\_\_\_

One-Way Mileage 10

Times No. of Trips	=	<u>Miles</u>	<u>Tenths</u>
<u>4</u>	=	Total Daily Reimbursable Miles <u>40</u>	<u>0</u>
		@\$.35 per mile (Subject To Change without Notice)	
		Total Per Day.....	\$ <u>14.00</u>
		Adjustments.....	\$ _____
		Total Daily Allowance.....	\$ _____
		Times Number of Days.....	\$ <u>150</u>
		<b>TOTAL PER YEAR.....</b>	\$ <u>2100.00</u>

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Initial \_\_\_\_\_