

CANANDAIGUA CITY SCHOOL DISTRICT

REIMBURSEMENT FOR MEALS AND TOLLS FOR BUS DRIVERS

Directions for use of this form:

1. Submit this form to request reimbursement for Meals and Tolls.
2. Submit to the Transportation Supervisor for approval.
3. Meal expense claims:
 - Drivers who are required to work because of a special assignment inclusive from the hours of **12:00 noon to 1:00 PM** shall be paid a meal allowance not exceeding **\$6.75** per meal upon submitting valid receipts to the District.
 - Drivers who are required to work because of a special assignment inclusive from the hours of **6:00 PM and 7:00 PM** shall be paid a meal allowance not exceeding **\$9.25** per meal upon submitting valid receipts to the District.
 - Receipts must include **detail**—date of purchase, individual items listed, name of establishment, and total.
 - Concession Stand receipt—handwritten and initialed by driver. Must include location of purchase, date, and amount.

NO RECEIPT(S)=NO REIMBURSEMENT

Complete information below:

Print Name: _____

Claimant's Signature: _____ **Today's Date:** _____

EXPENSES	MEALS
	Amount Claimed for Lunch - \$
	Amount Claimed for Dinner - \$
Transportation Supervisor's Signature: _____ Date: _____	Amount Claimed for purchases at Concession Stand - \$
	Budget Code: A5510.416-010-9000 (Meals)
	TOLLS
	Amount Claimed for Tolls - \$
	Budget Code: A5510.400-010-9000 (Tolls)
	FUEL
	Amount Claimed for Fuel - \$
	Budget Code: A5510.571-010-9000 (Fuel)
<i>If Total exceeds \$50, a purchase order will be processed.</i>	Total Reimbursement \$

District Office Use
 Approved
 Denied

Assistant Superintendent for Business	Date
VENDOR NUMBER	AMOUNT TO BE REIMBURSED