



Canandaigua City School District

143 North Pearl Street
Canandaigua, NY 14424
Phone: (585) 396-3700
NYS Tax Exempt #16-6001601

CLAIM FORM REIMBURSEMENT FOR MEALS AND TOLLS FOR BUS DRIVERS

Print Name _____

Date of Trip: _____

Start Time: _____ End Time: _____

Meal expense claims:

- Receipts must be itemized and include:
 - Date of purchase, individual items listed, name of establishment and total.
 - Concession Stand receipts - handwritten and initialized by driver: must include location of purchase, date, and amount.
- Additional details regarding meal allowances are in the bus driver contract.

Tolls claim:

- Provide itemized receipt with toll date, time, location and fee.

NO RECEIPT(S) = NO REIMBURSEMENT

LUNCH: \$7.50 maximum if working during the hours of 11:00 am to 1:00 pm Must be purchased prior to 1:00 pm day of trip or have pre-approval by Transportation Supervisor	\$
DINNER: \$10.50 maximum if working during the hours of 5:00 pm to 7:00 pm Must be purchased prior to 7:00 pm day of trip or have pre-approval by Transportation Supervisor	\$
TOLLS:	\$

Total Claim: \$ _____

Claimant signature: _____ Date: _____

Internal use only:	
Approved: _____ Transportation Supervisor	Date: _____
Approved: _____ Assistant Superintendent for Business	Date: _____
Codes (select one): <input type="checkbox"/> Meals: A 5510.400-00-MEAL <input type="checkbox"/> Tolls: A 5510.400-00-TOLL	