

McKinney-Vento In Lieu of - Mileage Reimbursement

AGREEMENT, entered into this _____ day of _____, 20____, by and between TUKWILA SCHOOL DISTRICT NO. 406 (“DISTRICT”), 4640 S 144th St, Tukwila, WA 98168 and _____ (“PARENT/Guardian/Unaccompanied Youth”), located at _____, (address student is coming from) for the provision of transportation to/from _____ (school name).

If there are multiple schools please check here _____ and add _____ miles to mapquest*.

Please allow 3 weeks for checks to process.

****Check will be picked up at the District Admin Office***

Student(s) name:

REIMBURSEMENT is the actual number of miles traveled (not to exceed **2 round trips** per day) at \$0.655 per mile.

Parent Name (please print):

Parent/Guardian Signature:

****Please verify that the required documents are attached:***

- Mapquest of distance from Address to School. For multiple schools use district calculations to add the distance from each school.***
- Skyward Attendance Report (District Liaison will set up a report for each school)***
- Other proof of attendance may be required for PreK or alternative program***



a world of possibility

4640 S. 144th St. Tukwila, WA 98168 | (206) 901-8000 | tukwila.wednet.edu

Date	S	M	T	W	T	F	S	AM Mileage	School	Staff Title and Initials	PM Mileage	School	Staff Title and Initials
1 st													
2 nd													
3 rd													
4 th													
5 th													
6 th													
7 th													
8 th													
9 th													
10 th													
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21 st													
22 nd													
23 rd													
24 th													
25 th													
26 th													
27 th													
28 th													
29 th													
30 th													
31 st													
Total													

AM + PM Mileage _____ miles X Reimbursement Rate \$ 0.655 = Total \$ _____

I certify that this claim for reimbursement is accurate and true and has not been paid previously.

District Liaison Signature _____ Date: _____

Business Office Approval _____ Date _____

Acct Code: 9902-52-7519-0000-9900