

# Beaufort County Schools Commercial Driver's License Reimbursement Form



**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**NCDL#:** \_\_\_\_\_

Beaufort County Schools will provide reimbursement for the additional cost of maintaining a commercial driver's license required for job-related duties. Complete this form and attach the original receipt from the **NCDMV**. Submit all completed documents to **BCS Transportation Department** within **30 calendar days**. Additional endorsements not reflected on this form will be at the individual's expense.

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**School Administrator Signature**

**(Information below to be filled out by transportation department)**

<u><b>FEE</b></u>	<u><b>Reimbursement</b></u>
<input type="checkbox"/> CDL Permit:	\$87.00
<input type="checkbox"/> 3 Year CDL Class C (Employee Deduction)	\$106.50 <b>-\$19.50</b>
	<b><u>Total: \$87.00</u></b>
<input type="checkbox"/> 5 Year CDL Class C (Employee Deduction)	\$177.50 <b>-\$32.50</b>
	<b><u>Total: \$145.00</u></b>
<input type="checkbox"/> Additional Cost:	_____
<input type="checkbox"/> DOT Physical:	\$100.00
	<b>Total: _____</b>
<b>Budget Code:</b>	
<input type="checkbox"/> CDL: 2.6551.706.353.000.000.65	_____
<input type="checkbox"/> DOT Exam: 1.6550.056.316.000.000.65	_____

**Authorized by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

\_\_\_\_\_  
FINANCE OFFICER DATE