

Dear Parents:

The attached copy is a form for submission of requests for transportation reimbursement.

Park City Board of Education policy 5015 III states,

“State reimbursement is available to those parents who must drive more than one and one half miles to their bus stop. **It is the responsibility of the individual parent or guardian to seek reimbursement.** Reimbursement requests must be received from eligible parents no later than **May 1** of each school year. **Forms after May 1 will not be accepted.**

The Mileage Reimbursement Form may be turned in as early as **October 1**, but in no later than **May 1**.

All completed forms should be sent to Craig Jensen at 2700 Kearns Blvd., Park City, UT 84060 as soon as possible, or email the form to [tanderson@pcschoools.us](mailto:tanderson@pcschoools.us)  
If you have any questions please call 645-5660.

Sincerely,

Park City School District Transportation Department

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**PARK CITY SCHOOL DISTRICT**  
**Mileage Reimbursement Form**  
**Schedule B - 514**

School Year \_\_\_\_\_ Date \_\_\_\_\_  
MONTH DAY YEAR

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Eligible Students:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_

OFFICE USE ONLY

One-Way Mileage: \_\_\_\_\_ X 2 = Round Trip Miles: \_\_\_\_\_

Estimated Mileage: \_\_\_\_\_ DMI Mileage: \_\_\_\_\_ State Limit: \_\_\_\_\_

Allowed Mileage \_\_\_\_\_ X Allowed Rate \_\_\_\_\_ X #Days Attended \_\_\_\_\_ ##