

# Herbert Hoover Presidential Library Association

## Bus Travel Grant Request for Reimbursement Form

Date Request Submitted \_\_\_\_\_ Address \_\_\_\_\_  
School District \_\_\_\_\_ City \_\_\_\_\_  
School Name \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Class \_\_\_\_\_ Contact Email \_\_\_\_\_  
Teacher Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

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Number of Buses \_\_\_\_\_

Round Trip Mileage \_\_\_\_\_

Total Reimbursement Cost \_\_\_\_\_

*(Total miles x number of buses x \$3.00/per mile = Total Reimbursement Cost*

*Minimum reimbursement amount is \$20.00; Maximum reimbursement amount is \$300.00.*

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Make check payable to \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_