

FEEDER ROUTE PROPOSAL FOR SCHOOL YEAR 2023-2024

The District proposes that the individuals listed below be granted transportation per capita feeder route reimbursement for the school year.

1. Person receiving reimbursement: Terry/Shelia Alcon
Student name: Kiah Devon Lee Alcon
Mileage one-way: 16
Mileage round-trip: 32
Number of round-trips per day: 2
Number of school days: 176
Reimbursement rate per mile: \$0.25
TOTAL REIMBURSEMENT AMOUNT: \$2,816.00

*Approved by
Board
8/8/23*

2. Person receiving reimbursement: Evelyn Thomas
Student name: Enrico Thomas
Mileage one-way: 3.9
Mileage round-trip: 7.8
Number of round-trips per day: 2
Number of school days: 120
Reimbursement rate per mile: 0.25
TOTAL REIMBURSEMENT AMOUNT: \$468.00

Needs Approval

3. Person receiving reimbursement:
Student name:
Mileage one-way:
Mileage round-trip:
Number of round-trips per day:
Number of school days:
Reimbursement rate per mile:
TOTAL REIMBURSEMENT AMOUNT: \$0.00

4. Person receiving reimbursement:
Student name:
Mileage one-way:
Mileage round-trip:
Number of round-trips per day:
Number of school days:
Reimbursement rate per mile:
TOTAL REIMBURSEMENT AMOUNT: \$0.00

**BLOOMFIELD SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**
Per Capita Feeder Agreement

Name: Evelyn Thomas Driver (if different): _____
person receiving reimbursement
 Mailing Address: P.O. Box 341 Nageeze NM Phone Number: 505-592-9518
 SSN: 585-746217 Birthdate: 12-12-65 DL#: _____ Exp. Date: _____

Make	Model	Year	VIN	License
Vehicle 1: <u>Chery</u>	<u>Exquix</u>	<u>23</u>		
Vehicle 2: <u>Chery</u>	<u>Pick Up</u>	<u>2019</u>	<u>ZGCVKMEEXK</u>	
Vehicle 3: _____			<u>199866</u>	

_____ Seat belts for all students
 _____ Copy of insurance card(s) enclosed
**Current proof of insurance must be kept on file at Transportation*

Physical address 9.5 miles SW of P.O. Bus number(s) that student(s) will be riding 470
 Mileage to the bus stop (one way) ~~3~~ 3.9 Round trip mileage ~~6.4~~ 7.8 Number of daily round trips ~~1~~ 2

List the names and grades of the children you will be transporting.
Place an X by any student that does not live at your home.

Name	Grade
<u>Enrico Thomas</u>	<u>12</u>
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

Reimbursement Computation

Total Miles per Day 15.6
 Rate per Mile \$.25
 Daily Allowance \$ 3.90
 Days 120
 Amount for the Year \$ 468.00

Claimant Signature Evelyn Thomas Date 11-8-2023
 Received By _____ Date _____
 Transportation Director _____ Date _____
 School Board Approval Date _____