



Hoover Presidential Foundation

School Bus Travel Grant Request for Reimbursement Form

Please Print

Date Request Submitted _____ Address _____
School District _____ City _____
School Name _____ State _____ Zip code _____
Class _____ Contact Email _____
Teacher Name _____ Contact Phone Number _____

Date of Visit to the Hoover Campus _____
Number of Participants: Students _____ Teachers/Chaperones _____
Number of Buses _____
Round Trip Mileage _____

Make check payable to _____
(Reimbursements are not made to individuals.)

Address (if different than above) _____
City _____ State _____ ZIP Code _____

For Office use:

Total Reimbursement Cost _____
(Total miles x \$3.00/per mile = Total Reimbursement Cost (\$300 maximum))

Date Submitted to Finance Office: _____

Approved: _____

Note: Minimum reimbursement amount is \$20.00; maximum reimbursement amount is \$300.00.
A grant for the same school for a second bus may be considered if funds are available.