



Hoover Presidential Foundation School Bus Travel Grant Request for Reimbursement Form

Please Print

Date _____ 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 Buses _____

Round Trip Mileage _____

Digital scan attached to use for marketing purposes (photo/thank you/poem/story/drawing etc.) _____

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)

Date Submitted to Finance Office: _____

Approved: _____