



# 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 \_\_\_\_\_

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## For Office use:

Total Reimbursement Cost \_\_\_\_\_  
(Total miles x \$3.00/per mile)

Date Submitted to Finance Office: \_\_\_\_\_

Approved: \_\_\_\_\_