

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

2. 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

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: Terry Alcon Driver (if different): _____
Claimant (person receiving reimbursement)
Mailing Address: P.O. Box 944 Bloomfield, N.M. 87413 Phone Number: _____
SSN: 585-90-3172 Birthdate: 03/20/1966 DL#: 051014600 Exp. Date: 04/15/2025

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>VIN</u>	<u>License</u>
*Vehicle 1:	<u>Chevy Traverse</u>	<u>Traverse</u>	<u>2023</u>	_____	<u>D640D</u>
*Vehicle 2:	<u>Ford</u>	<u>F-250 SD</u>	<u>2014</u>	_____	<u>D591P</u>
*Vehicle 3:	_____	_____	_____	_____	_____

_____ Seat belts for all students

_____ Copy of insurance card(s) enclosed

**Current proof of vehicle insurance must be kept on file at Transportation*

Physical address 15 Rd 4550 Blanco, N.M. 87412 Bus number(s) that student(s) will be riding 1
Mileage to the bus stop (one way) 16 Round trip mileage 32 Number of daily round trips 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>Kiah Devin Lee Alcon</u>	<u>K</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

Reimbursement Computation

Total Miles per Day _____
Rate per Mile \$ 25
Daily Allowance \$ _____
Days 176
Amount for the Year \$ _____

Claimant Signature [Signature] Date 28 June 2023

Received By _____ Date _____

Transportation Manager _____ Date _____

School Board Approval Date _____