

**LOUISIANA SCHOOL FOR THE DEAF/LOUISIANA SCHOOL FOR THE VISUALLY IMPAIRED
Travel Claim Form**

Please Print

Student(s): _____ Street Address: _____

City: _____ Zip: _____ Telephone: _____

Please fill in the appropriate date traveled, complete address information, and total miles traveled. Claims must meet the eligibility criteria for mileage reimbursement in order to receive payment. See "Transportation Reimbursement Guidelines" for more information. Claim forms should be completed quarterly (July through September; October through December; January through March; April through May (students not attending June summer school program) or April through June (students attending June summer school program). All forms should be submitted by the 10th of the month following each quarter. Forms must be filled out completely in order to be processed.

Name of Parent/Guardian (Please Print): _____

Date Traveled	Beginning Address	Ending Address	Beginning Odometer	Ending Odometer	Total Miles
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL MILEAGE					

Parent/Guardian Signature: _____ Date: _____

Transportation Office Use Only		Business Office Use Only	
Date Received:		Date Received:	
Cost Center:		Check Number:	
Computation/Total Due:	_____ X .48 = \$	Amount of Check:	
Verified by:		Date Check Mailed:	
Approved by:		Accountant:	

This form should be **submitted/mailed directly to: LSD/LSVI, Attn: Transportation, P.O. Box 3074, Baton Rouge, LA 70821-3074.** If you have any questions, please call (225) 757-3210.