

Transportation Provided by Parents
Statement of Travel
2026 Calendar Year

This form must be completed for reimbursement of travel expenses and submitted to the Appomattox County School Board Office **by the 5th of each month.**

Student's Name _____

Parent's Name _____

Address _____

Month of _____, 20____

Round Trip Mileage _____

Number of days transportation was provided _____

List dates _____

Total # of Miles _____ @ 72.5¢ = \$ _____

I verify that the above information is correct and that transportation was provided as stated.

Parent's Signature _____

Date _____

FOR USE BY SCHOOL BOARD ONLY

Approved for Payment

Date

Updated 01/06/2026

** This rate is subject to change.*