

**Instructions for Parents/Guardians Completing the
Parent/Guardian State Pupil Transportation Reimbursement Claim
2008-2009 School Year**

General Instructions

This information will be entered electronically by school personnel. All information on this claim log sheet should be **printed clearly**. All information must be completed in order for your claim to be processed and paid.

ITEM INSTRUCTIONS (On Form)

NAME PRINT (Last, First)

Instructions: Print your last name, leave a space then **PRINT** your first name. **DO NOT** use nicknames. **DO NOT** use your spouse's name. **DO NOT** enter your child's name. The name entered must be the name of the parent/guardian completing and signing the claim form. The name **MUST** match the name printed on your social security card.

**STREET ADDRESS
CITY, STATE, ZIP CODE**

Instructions: This is the address to which your reimbursement check will be mailed. **PRINT** your complete street address of your residence with the name of the city, state and zip code.

SOCIAL SECURITY NUMBER

Instructions: Enter **YOUR** nine-digit social security number in the boxes provided. This should be the social security number of the parent/guardian whose name is listed on this form and who signs this claim. **DO NOT** enter your child's social security number. **DO NOT** enter your spouse's social security number. The social security number **MUST** match the name printed on the left. Reimbursement will not be issued without the social security number. Printed by AFL-CIO (AFSCME Local #2811) Employees

NUMBER OF PUPILS

Enter the number of children for whom you are claiming transportation reimbursement who attend this school. You may claim reimbursement for **YOUR** child(ren) only.

CLAIM AMOUNT

Instructions: Leave Blank

SIGNATURE OF PARENT/GUARDIAN

Instructions: By signing the form, you are certifying that you meet all eligibility requirements for the reimbursement and that you will maintain proper documentation of your expenses being claimed and verification of a safety hazard if you live less than 1 1/2 miles from this school.

DATE

Instructions: Enter the date that you have completed and signed/certified this claim form.

Claims must be completed and signed no later than June 30, 2009.

If you move from the address listed on the claim before you receive your reimbursement check, please notify the Illinois State Board of Education, Division of Funding and Disbursements Services, 100 North First Street, Springfield, Illinois 62777-0001, Telephone 217-782-5256, FAX 217-782-3910.