

POTTER-DIX PUBLIC SCHOOLS

Developing Productive and Responsible Citizens

Elementary
304 Horrum St.
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Dix, NE 69133
308-682-5226
FAX 308-682-5227



Jr./Sr. High School
303 Walnut St.
P. O. Box 189
Potter, NE 69156
308-879-4434
FAX 308-879-4566

Web Page: www.pdcoyotes.org

Mike Williams
Superintendent / K-6 Principal
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Jane Brown
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CLAIM FOR REIMBURSEMENT OF MILEAGE PER NEBRASKA STATUTE 79-490

This is a claim form for use by those eligible parents/guardians whose official residence within Potter-Dix Public Schools, District #9, is four (4) or more miles from the nearest Potter-Dix school building. The distance is calculated from the residence mailbox to the nearest school attendance center. When reimbursement is due, it will be paid once each semester and in consideration of a daily, one-way trip, using the most direct, safe route with at least one child in the family registered and in attendance at school for at least part of the school day for each mileage-day claimed. The official school attendance record will be used in all final calculations since a family can claim no reimbursement if no child in the family was in attendance on a day when school was in session since the family, therefore, incurred no transportation expense. Questions regarding the use of this form or final calculations should be addressed to the Superintendent. There is no requirement that this claim be filed; however, the Board of Education can make no reimbursement without a claim form being on file with the school. First semester claims will be paid in January, while second semester claims will be paid in June.

<u>Name(s) of Child(ren)</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Parent/Guardian

Date

(for office use only)

CALCULATION:

_____ miles = total one-way distance from residence mailbox to nearest attendance center

3 _____ miles = miles that must be deducted from all total one-way miles

_____ miles = mileage amount to be used for calculating the daily mileage

\$ _____ = daily rate for this family (_____ miles x \$1.55325, which is 285% of the official State rate

_____ = number of days a child from the family was in attendance in school during the semester

\$ _____ = amount to be paid to this family for the semester in question

Superintendent Signature

Date