

Bus on Us Transportation Reimbursement Form

2023-2024 School Year

Teacher:		School:	
Address			_
Date of Tour:		Time of Tour:	
Teacher's Email Address	:		
trip, covering mileage an	d bus driver time to the	ur school's transportation costs for a 3-hour fi museum, during, and after the museum tour. heast Alabama Community Foundation.	eld
_		ne of your tour for our records. Fill out the tment of Transportation's charges for bus mileage	e
Number of Buses			
Mileage charges \$	x (total miles) _	= Total	
Driver charges \$	x (total hours)	= Total	
		Total Cost a check will be mailed within 5-7 business days. 34) 794-3871 or education@wiregrassmuseum.or	<u></u>
Signature of School Representative		Date	_

Position or Title