Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501	**School District Claim for State Reimbursement for Individual and Isolated Transportation**	State ☐ District ☐ County ☐

DUE DATES:	**First Semester** **February 1 to County Superintendent** **February 15 to State Superintendent**	**Second Semester** **May 10 to County Superintendent** **May 24 to State Superintendent**

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20_____ and ending _____, 20_____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County: **04 Broadwater**	District: **0055 Townsend K-12 Schools**	District Level: **High School**

District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1002	No	Booth, Sandra	1.00	
1	1042	No	Allen, Netha	1.00	
1	1043	No	Ashworth, William	0.95	
1	1044	No	Banks, Dana	0.30	
1	1045	No	Bodle, Jr., Al	1.50	
1	1046	No	Cain, Carey & Donna	4.25	
1	1047	No	Cazier, Jane	0.70	
1	1048	No	Davis, Jennifer	0.75	
1	1049	No	Giuffre, Kelly	0.50	
1	1050	No	Hossfeld, Theresa	3.50	
1	1051	No	Hufnagel, Lisa	2.75	
1	1052	No	Johnson, Jennifer K	2.25	
1	1053	No	Parsons, Ginger	1.00	
1	1054	No	Rose, Kendra A	3.00	
1	1055	No	Russell, Cheryl W	0.50	
1	1056	No	Saltzman, Mitzie	0.83	
1	1057	No	Schwope, Israel	2.50	
1	1058	No	Shindoll, Ed	3.50	
1	1059	No	Thomas, Doug & Linda	5.00	
1	1060	No	Thomason, Vicki	2.75	
1	1061	No	Wyse, Kevin & Tonya	2.25	
1	1238	No	Hansen, Susan	1.50	
1	2262	No	Hines, Glenna T	5.50	
1	2263	No	Hines, Glenna T	5.25	
1	2296	No	Ziegler, Pamela	7.98	