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:	District:	District Level:
04 Broadwater	**0055 Townsend K-12 Schools**	**High School**

District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1426	No	ASHWORTH, WILLIAM	0.95	_____
1	1427	No	BODLE, JR., AL	1.50	_____
1	1428	No	CAZIER, JANE	0.70	_____
1	1429	No	DAVIS, JENNIFER	0.75	_____
1	1430	No	DAVIS, NANCY	0.75	_____
1	1431	No	HORNE, RACHELLE M	4.45	_____
1	1432	No	HUFNAGEL, LISA	1.38	_____
1	1433	No	INGALLS, KAY	1.75	_____
1	1434	No	NOYES, KAREN	3.00	_____
1	1435	No	RUSSELL, CHERYL W	0.50	_____
1	1436	No	THOMAS, DOUG & LINDA	5.00	_____
1	1437	No	THOMASON, VICKI	2.75	_____
1	1438	No	WATSON, GAYLE	0.50	_____
1	1439	No	WILLIAMS, STACIE	4.25	_____
1	1440	No	WILLIAMS, STACIE	4.25	_____
1	2005	No	HINES, GLENNA T	5.50	_____
1	2006	No	ALLEN, CHARLES	0.75	_____
1	2214	No	Hill, Julianne	0.38	_____
1	2215	No	Masola, Gay Ann	1.08	_____
1	2216	No	Booth, Sandra	1.00	_____
1	2383	No	Leachman, Marlo	3.50	_____
1	2384	No	Zeadow, Kim	2.50	_____