

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES FOR SY ____/____

(THIS FORM IS TO BE USED ONLY IF SCHOOL DOES NOT PROVIDE DAILY ROUND-TRIP TRANSPORTATION AND FOR DORMITORY STUDENTS.)

Return to: DoDDS Europe or DoDDS Europe
Attn: Non-DoD School Program Attn: Non-DoD School Program
CMR 443, Box 7100; APO, AE 09096 Postfach 2267; D-65012 Wiesbaden, Germany
Telephone: +49-611-380-7220; FAX: +49-611-380-7279; E-Mail: ndsp.europe@eu.dodea.edu

In accordance with DoD Directive 1342.13, public transportation or private car pools may be authorized if daily transportation is not furnished by the school or through a contract. However, prior approval from the DoDDS-Europe is required. Therefore, the following information must be provided.

PART I - TO BE COMPLETED BY SPONSOR

SPONSOR NAME: _____ RANK: _____ SSN: _____

HOME ADDRESS: _____

UNIT: _____ ADDRESS: _____ TEL #: _____

STUDENT(S) NAME(S): (1) _____ (2) _____ (3) _____

SCHOOL NAME: _____ ADDRESS: _____ TEL#: _____

MODE OF TRANSPORTATION: (check one) POV _____ SUBWAY _____ BUS _____ RAIL _____ OTHER: _____

PRIVATELY OWNED VEHICLE (POV):

COMPUTATION AREA:

- a. Mileage, ONE-WAY, (home to Non-DoD school): _____
- b. Number of one-way trips per day (2 maximum): _____
- c. Number of school days per month: _____
- d. Total mileage per month (a x b x c): _____

[Not more than one ROUND-TRIP (two one-ways) per day is authorized.]

PUBLIC TRANSPORTATION:

COMPUTATION AREA:

- a. Fare, ONE-WAY to school: _____
- b. Number of ONE-WAY trips per day: _____
- c. Number of school days: _____
- d. Amount of Fare per month (a x b x c): _____

[Only one round-trip per day is authorized.]

TRANSPORTATION BETWEEN DORMITORY AND RESIDENCE:

- a. Travel Mode: _____
- b. Charge per ONE-WAY trip: _____
- c. Number of ONE-WAY trips: _____
- d. Total Cost (b x c) = _____

[Three (3) round trips per school year are authorized: Beginning of school year (ONE-WAY), Winter-break (ROUND-TRIP), spring-break (ROUND-TRIP), and end-of-school year (ONE-WAY).]

SPONSOR'S CERTIFICATION

In accordance with DoD Directive 1342.13, I request reimbursement for the cost of transporting my dependent(s) to and from school. The information above is applicable. I certify that government or school transportation is not available. The transportation for which reimbursement is requested is the most cost effective means available.

SIGNATURE: _____ DATE: _____

PART II - COMMANDER'S CERTIFICATION

DATE: _____

The information above is correct to the best of my knowledge. I recommend approval of this request for reimbursement of transportation costs.

(Duty Phone)

(Typed/Printed Name, Grade/Rank, Unit, APO)

(Signature)