Transportation Claim Form PDF-100

Winnebago County Special Education Cooperative

NAME: _____

POSITION: _____

DATES FROM: _____ TO _____

	Ledgewood	Stone Creek	Kinnikinnick	Roscoe MS	Prairie Hill	Willowbrook	Shirland	Rockton GS	Whitman Post	Stephen Mack	Hononegah	Clark	Riverview	Blackhawk/SBJH	South Beloit HS	Pecatonica GS	Pecatonica MS	Pecatonica HS	Durand District	Dolan Ed. Center	Seward	Simon	McNair	Winnebago MS	Winnebago HS
One Way	7.25	7.25	5.5	6	6.75	6.75	8.5	2.75	2.75	2.75	2	5.25	5.75	5	4.25	24	24	24.5	16	9.5	28	22	21.5	21.5	21.5
Rnd Trip	14.5	14.5	11	12	13.5	13.5	17	5.5	5.5	5.5	4	10.5	11.5	10	8.5	48	48	49	32	19	56	44	43	43	43

The above are *suggested mileage* to and from the Cooperative to district schools and local agencies. Please refer to the actual Transportation Policy regarding what mileage is claimable.

Date	Destination	Mileage
	Total Mileage This Column:	0

Date	Destination	Mileage
	Total Mileage Both Columns: (Total Page Mileage)	0

TOTAL MILEAGE: 0

RATE: .67

TOTAL CLAIM: $ 0.00

_____

Director Approval

_____

Date