



THE NEW YORK CITY DEPARTMENT OF EDUCATION
JOEL I. KLEIN, Chancellor

Related Service Authorization - 3 Form: Transportation Reimbursement Voucher
Public Transportation, Private Car, Metered Taxi Cab

Name of Student: _____
 Address: _____

Name of Provider: _____
 Address: _____

Complete the following, attach the necessary receipts and a copy of the provider's bill or a statement from the provider indicating dates of service:

PUBLIC TRANSPORTATION

Date	Single Fare Double Fare	Total No. of Fares X	\$1.50	Total Cost

PRIVATE CAR

Date	Name of Car Owner	License Plate No.	Total No. of Miles Traveled	Total Cost (\$.28 mile)

METERED TAXI CAB* (Attach Receipts)

Date	Signature of Driver	License Plate No.	Total Cost (Plus tip)

- Maximum of \$50 per round trip.

This is to affirm that I incurred these expenses in transporting my child to the provider named above, for which I am requesting reimbursement. I agree not to hold the New York City Department of Education liable for any damages or injuries incurred in connection with my choice of transportation.

 Signature of Parent/Guardian

 Date

Please submit to:

Maria Leo
District 75 – Office of Related and Contractual Service
400 1st Ave., Room 662-A
New York, NY 10010
(917) 256-4249

Properly completed vouchers will be processed within six weeks from the date this receipt is received by the district.

 District Authorizing Signature

 Date

IT IS A CRIME TO KNOWINGLY MAKE FALSE ENTRIES ON THIS FORM