

South Carolina Department of Education  
**Reimbursement Request for Contract to Transport Special Needs Students**  
 School Year \_\_\_\_\_

R-56

This is to request reimbursement of contract routes for student(s) requiring special transportation. **This approved contract will be reimbursed for a period beginning no earlier than 10 days before it was received by the County Supervisor of Transportation. State reimbursement will be based on the number of school days the students are transported to or from school by the provider of service.** The contract is effective through the last day of this school year or the last day of service by the provider during the present school year, whichever comes first. The contract is between the provider of service and the school district listed below.

School District: \_\_\_\_\_

Mode of transportation: [check one, and provide associated information]

- Private Contractor Name and Address: \_\_\_\_\_
- District Bus # \_\_\_\_\_
- Other District Vehicle # \_\_\_\_\_

List students being transported under the terms of the contract. (Attach additional pages, as needed, in order to list all students.)

#	Student Name	Address for pick-up / drop-off	School Attending	Days Attended
1				
2				
3				
4				
5				
6				

Total number of students being transported under the terms of this contract: \_\_\_\_\_

Reimbursable daily mileage: \_\_\_\_\_ miles  
Round to nearest tenth Semester for which reimbursement is being requested: [check one]  1<sup>st</sup> Semester  2<sup>nd</sup> Semester

Total days contract operated during the semester: \_\_\_\_\_ days  
Semester (90 days)

**Calculations for reimbursement provided under the terms of this contract:**

- (A) Reimbursable daily mileage \_\_\_\_\_ miles  
Maximum reimbursable daily mileage for private and other (non-bus) district vehicles is 64 miles.
- (B) Days of operation \_\_\_\_\_ days  
Days this contract runs for the first student listed; days in any one semesters cannot exceed 90, or the number of remaining school days in the semester, whichever is less.
- (C) Reimbursement rate \$ \_\_\_\_\_ /mile  
\$1.24 for District Buses, 54.0¢ (1st semester) | 54.0¢ (2nd semester) for private and other district vehicles.
- (D) Total mileage reimbursement \$ \_\_\_\_\_  
Reimbursable daily mileage (A) x Days of operation (B) x Reimbursement rate (C).
- (E) Multi-student reimbursement (for private and other district non-bus vehicles only) \$ \_\_\_\_\_  
Total Days Attended for Students 2 through 6, above, x \$1.11/day.
- (F) Total contract reimbursement for semester \$ \_\_\_\_\_  
Total mileage reimbursement (D) + Multi-student reimbursement (E).

**I certify that the information provided above is correct and accurate to the best of my knowledge and that the amount claimed is for the transportation of eligible students for the number of school days the students were in attendance.**

\_\_\_\_\_  
 District Special Needs Coordinator Signature Date

\_\_\_\_\_  
 SCDE County Supervisor Signature Date

\_\_\_\_\_  
 District Transportation Supervisor Signature Date

\_\_\_\_\_  
 SCDE Approval Signature Date