

PART 1 – Parent/Guardian Instructions:

1. Complete Parent/Guardian and Student Information and Transportation Information sections. Sign on page 2.
2. Obtain provider’s initials verifying attendance on each date listed. Provider must sign on page 2.
3. Submit the form (with associated receipts, for taxi or car service and tolls only) to your DOE representative. If you traveled to more than one provider or to more than one type of service (for example, to physical therapy and speech services), separate forms should be used for each.
4. Please consult with your DOE Representative before you travel if:
 - Due to financial hardship, you are unable to pay for transportation and await reimbursement. In such a case, the DOE Representative may issue a Metro Card or make other arrangements where appropriate.
 - You anticipate that you will seek reimbursement for a one way trip in excess of \$50. Reimbursement of more than \$50 per trip requires senior level approval.

PARENT/GUARDIAN AND STUDENT INFORMATION

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Name of Student: _____ DOB: _____ NYC ID: _____

Student Address: _____

Service: _____

TRANSPORTATION INFORMATION (COMPLETE APPLICABLE SECTION)

PUBLIC TRANSPORTATION

Date	# of One Way Fares	Total Cost (\$2.75 per trip)	Attendance Verification (Provider’s Initials)

PRIVATE CAR (PROVIDE RECEIPTS FOR TOLLS)

Date	Miles Traveled	Bridge/ Tunnel Tolls	Total Cost (\$0.28 per Mile + Toll)	Attendance Verification (Provider’s Initials)



**Parent/Guardian Transportation Reimbursement Voucher
for Special Education Services (Form TRV-1)**

TAXI / CAR SERVICE (PROVIDE RECEIPTS)

Date	Total Cost (including tip)	Attendance Verification (Provider's Initials)

To Be Completed by PARENT/GUARDIAN:

I affirm that I incurred the above expenses in transporting my child to the provider. I understand that the New York City Department of Education is not liable for any damages incurred in connection with my choice of transportation.

Signature of Parent/Guardian

Date

To Be Completed by PROVIDER:

I affirm that I provided the service listed above to the child named above on the dates I initialed above.

Signature of Parent/Guardian

Date

Provider Name: _____ Agency Name (if applicable): _____

Provider Phone: _____ Provider Email: _____

PART 2 – Authorized CPSE/CSE/FSC/D75 Representative Instructions:

1. Confirm that the student and transportation information is completed.
2. Confirm that the required receipts (required for taxi / car service and tolls only) are attached and consistent with request and mandate, and that attendance verification has been initialed and affirmed by the provider.
3. Complete Imprest Fund Expenditure Form (SIPP).
4. Submit Imprest Fund Expenditure Form (SIPP), the Student Transportation Reimbursement Form (STR-1), and all required supporting receipts/documentation to the Central Business Office.

Signature of Authorized DOE Representative*

Date

(*Individual trips in excess of \$50 must be approved by CSE Chairperson, CSE Executive Director, FSC Director of Special Education or designee, or Superintendent or designee)

Name (Print)

Title