



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

PART 1- Parent/Guardian Instructions:

1. Complete Parent/Guardian and Student and transportation information sections, and sign on page 2.
2. Obtain provider initials for verification of attendance on each date listed, and provider's signature on page 2.
3. Submit the form (with associated receipts, for taxi or car service and tolls only) to your DOE representative.
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; the Representative will 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 above \$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: _____

Name of Provider: _____

Provider Address: _____

TRANSPORTATION INFORMATION (COMPLETE APPLICABLE SECTION)

PUBLIC TRANSPORTATION

Date	# of One Way Fares	Total Cost (\$2.50 per trip)	Attendance Verification (Provider Initials)

PRIVATE CAR (PLEASE LIST TOLLS SEPARATELY)

Date	Name of Car Owner	License Plate No.	Miles Traveled and/or Bridge/Tunnel	Total Cost (\$0.28 per Mile + Toll)	Attendance Verification (Provider Initials)



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TRANSPORTATION INFORMATION (CONTINUED)

TAXI / CAR SERVICE

Date	Name of Taxi/Car Service	License Plate No.	Total Cost (Plus tip)	Attendance Verification (Provider Initials)

To Be Completed by PARENT/GUARDIAN:

I affirm that I or my authorized representative accompanied my child to and from the provider named above on the dates listed above and that I further 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 Provider

Date

PART 2- Authorized CPSE/CSE/CFN/D75 Representative Instructions:

1. Confirm that the student and transportation information is completed.
2. Confirm that the required receipts (required for taxi or car service and tolls only) are attached and consistent with request, 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*
*(*Individual trips in excess of \$50 must be approved by CSE Chair, Executive Director, Cluster SPED Point, Or Assistant Superintendent)*

Date

Name (Print)

Title