

# Estimated Transportation Calculation Sheet

Semester \_\_\_\_\_

Participant Name: \_\_\_\_\_

Traveling From (Complete Address):  
 \_\_\_\_\_  
 \_\_\_\_\_

Traveling To (Training Institution and Complete Address):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purpose of Travel:  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Miles to Reimburse Per Trip (Must agree with attached Google Map and be mapped at shortest distance): <input style="width: 50px; height: 20px;" type="text"/>	Reimburse Paid at <input style="width: 50px; height: 20px;" type="text"/> Per Mile
Estimated Cost Per Trip (Day): <input style="width: 50px; height: 20px;" type="text"/>	(Number of miles X Paid Per Mile)
Number of Days Per Week (Must agree with attached schedule): <input style="width: 50px; height: 20px;" type="text"/>	Estimated Transportation Cost: <input style="width: 50px; height: 20px;" type="text"/>
Number of Weeks in Semester: <input style="width: 50px; height: 20px;" type="text"/>	Cost Per Trip X Number of Days X Number of Weeks: <input style="width: 50px; height: 20px;" type="text"/>

**Check List:**

- Student's Schedule for Current Semester Attached?
- Google Map (including text description ) Attached?
- Directions Submitted is at Shortest Distance?
- Written Verification, which includes purpose as well as location address from Training Institution for each alternate travel location - clinicals, internships etc...

Yes	No

**Form must be completed for each semester if transportation will be provided. If any item listed above is checked no DO NOT Approve Transportation Reimbursement.**

The above information is has been reviewed and is correct to the best of my knowledge. I understand that instructor signatures will be verified and failure to submit accurate transportation reimbursement in a timely manner could result in forfeiture of benefit.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

The above information is has been reviewed and is correct to the best of my knowledge. Supportive documents are in file to validate days/distance traveled.

Career Planner's Signature \_\_\_\_\_ Date \_\_\_\_\_