

TRANSPORTATION REIMBURSEMENT INVOICE

FORM DUE BY JUNE 15

School Name: _____

Date of Invoice: _____

School Address: _____

Bill to:

Saint John's Outdoor University
 Saint John's University
 2945 Abbey Plaza
 Collegeville MN 56321-3000

Your school will be reimbursed either \$2 per student who attended, or the full amount you paid for transportation, *which ever amount is less.*

Service Date	Description	Number of Students	Reimbursement Rate	Amount
<i>date of field trip</i>	<i>description of what you are charging us for</i>	<i>number of students who attended class</i>	<i>\$2.00 per student</i>	<i>Maximum reimbursement amount</i>
			\$2.00	
			\$2.00	
			\$2.00	
			TOTAL	

Total amount your school paid for transportation for the field trip(s) = _____ (from your attached invoice)

Maximum reimbursement amount = _____ (from above table)

Write the lesser of the amounts here = _____ (reimbursement amount)

Please make checks payable to: _____

Call _____ at (____) ____ - _____ with any questions.

Reminders

- Outdoor U can only reimburse your school for transportation costs. **We do not pay the bus company directly.**
- Please attach a copy of the invoice your school paid for the transportation.
- Please use the exact number of students who actually attended the Outdoor U field trip in this invoice (not including teachers or chaperones).
- Incomplete forms will not be processed and will be returned to you.
- Contact Sarah Gainey at 320.363.3133 with any questions or concerns.

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