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.

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

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.

TRANSPORTATION REIMBURSEMENT INVOICE