## **NEW HIRE**

## Permit and Driver's License Reimbursement Request

Employee Name:	
Employee Full Address:	
Employee Phone Number:	
School Location:	
I verify the above named employee,assigned to a permanent bus route for a minim reimbursement of the following fees: Driver's (\$73.25).	•
Principal/Assistant Principal Date	Director of Transportation Date

Please attach your DMV receipt and (if applicable) a copy of your cleared check OR copy of your debit/credit card statement showing that transaction (statement must include your name, billing address, and last 4 digits of card number as shown on your DMV receipt). Please mark out all non-related transactions.