

**REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES FOR SY \_\_\_\_/\_\_\_\_**

(THIS FORM IS TO BE USED ONLY IF SCHOOL DOES NOT PROVIDE DAILY ROUND-TRIP TRANSPORTATION AND FOR DORMITORY STUDENTS.)

Return to: **DoDDS Europe** or **DoDDS Europe**  
Attn: **Non-DoD School Program** Attn: **Non-DoD School Program**  
CMR 443, Box 7100; APO, AE 09096 Postfach 2267; D-65012 Wiesbaden, Germany  
Telephone: +49-611-380-7220; FAX: +49-611-380-7279; E-Mail: [non.dod.schools@eu.dodea.edu](mailto:non.dod.schools@eu.dodea.edu)

In accordance with DoD Directive 1342.13, public transportation or private car pools may be authorized if daily transportation is not furnished by the school or through a contract. However, prior approval from the DoDDS-Europe is required. Therefore, the following information must be provided.

**PART I - TO BE COMPLETED BY SPONSOR**

SPONSOR NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

UNIT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

STUDENT(S) NAME(S): (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TEL#: \_\_\_\_\_

MODE OF TRANSPORTATION: (check one)  POV  SUBWAY  BUS  RAIL  OTHER: \_\_\_\_\_

**PRIVATELY OWNED VEHICLE (POV):**

**COMPUTATION AREA:**

a. Mileage, ONE-WAY, (home to Non-DoD school): \_\_\_\_\_

b. Number of one-way trips per day (2 maximum): \_\_\_\_\_

c. Number of school days per month: \_\_\_\_\_

d. Total mileage per month (a x b x c): \_\_\_\_\_

[Not more than one ROUND-TRIP (two one-ways) per day is authorized.]

**PUBLIC TRANSPORTATION:**

**COMPUTATION AREA:**

a. Fare, ONE-WAY to school: \_\_\_\_\_

b. Number of ONE-WAY trips per day: \_\_\_\_\_

c. Number of school days: \_\_\_\_\_

d. Amount of Fare per month (a x b x c): \_\_\_\_\_

[Only one round-trip per day is authorized.]

**TRANSPORTATION BETWEEN DORMITORY AND RESIDENCE:**

a. Travel Mode: \_\_\_\_\_

b. Charge per ONE-WAY trip: \_\_\_\_\_

c. Number of ONE-WAY trips: \_\_\_\_\_

d. Total Cost (b x c) = \_\_\_\_\_

[Three (3) round trips per school year are authorized: Beginning of school year (ONE-WAY), Winter-break (ROUND-TRIP), spring-break (ROUND-TRIP), and end-of-school year (ONE-WAY).]

**SPONSOR'S CERTIFICATION**

In accordance with DoD Directive 1342.13, I request reimbursement for the cost of transporting my dependent(s) to and from school. The information above is applicable. I certify that government or school transportation is not available. The transportation for which reimbursement is requested is the most cost effective means available.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART II - COMMANDER'S CERTIFICATION**

DATE: \_\_\_\_\_

The information above is correct to the best of my knowledge. I recommend approval of this request for reimbursement of transportation costs.

\_\_\_\_\_  
(Duty Phone)

\_\_\_\_\_  
(Typed/Printed Name, Grade/Rank, Unit, APO)

\_\_\_\_\_  
(Signature)