



**SPECIAL EDUCATION**

Claim Form for Transportation Expenses of Children With Disabilities  
September 1 through December 31

School Year _____		
County Name _____	County/District Number _____	
District Name _____	Phone Number _____	
Address _____		
_____		
_____	City _____	State _____ Zip Code _____
Preparer _____	E-Mail Address _____	

I \_\_\_\_\_ as \_\_\_\_\_ of the Board of Education  
\_\_\_\_\_ School District, which is District No. \_\_\_\_\_, of \_\_\_\_\_ County, hereby  
certify that this is a true and accurate report of the records and costs for the transportation of resident students with disabilities from  
September through December 31.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Pursuant to Neb. Rev. Stat. 79-1144 and 92 NAC 51 (NDE Rule 51), providing for reimbursement for the amount expended for actual  
transportation expenses for students with disabilities, we submit herewith our claim for reimbursement payable by the State of Nebraska.

Type of Transportation	BIRTH TO AGE 5		AGES 5 TO 21	
	Number of Students Transported (1)	Expenditure (2)	Number of Students Transported (3)	Expenditure (4)
A. Transportation provided by paying parents or guardians @ .58 cents per mile (September 1 through December 31)	_____	_____	_____	_____
B. Transportation provided by contracting with person, agencies or other schools	_____	_____	_____	_____
C. Transportation provided by purchasing individual fares from common carriers	_____	_____	_____	_____
D. Transportation provided by using vehicles operated by district submitting claim.	_____	_____	_____	_____
E. Total Number of Children with Disabilities Transported list in A, B, C, and D (count each child only once).	_____		_____	
F. Total costs for period September. 1 through December 31 listed in A, B, C, and D.		_____		_____

Return Original to the Nebraska Department of Education and make a copy to retain in School File.

**INSTRUCTIONS FOR COMPLETING SPECIAL EDUCATION TRANSPORTATION CLAIM FORM FOR THE PERIOD  
SEPTEMBER 1 THROUGH DECEMBER 31**

1. Claims must be received in the NDE Special Education Office on or before 5:00 p.m., February 1, to be honored for a first semester payment.
2. Submit claim to the NDE Special Education Office; make a copy to be retained for district records.
3. Copies of billings are not to be submitted with the first semester claim but may be required for final payment.
4. Claims must be signed by the designated school official.
5. If your district is claiming reimbursement that exceeds the application, please submit an amendment to the application. Amendments should accompany the claim and require authorization from the designated school official. To amend, submit a copy of the original application with any changes recorded on it; write "Amendment" across the top of the form; and indicate which items have been amended. Please submit any Transportation Amendments by June 1.
6. For each item, report the number of students Birth to Age 5 and Ages 5 to 21 by type of transportation being used. The grand total figures represent an unduplicated count of students with disabilities being transported.
7. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM A:
  - a) Indicate in Column (1) the number of students Birth to Age 5 and in Column (3) the number of students Ages 5 to 21 for whom parents and guardians were reimbursed.
  - b) Indicate in Column (2) the expenditures for students Birth to Age 5 and in Column (4) the expenditures for students Ages 5 to 21 for the first semester. Multiply mileage by the specified mileage allowance per mile for Birth to Age 5 and Ages 5 to 21.
8. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM B:
 

Indicate in Column (1) the number of students Birth to Age 5 and in Column (3) the number of students Ages 5 to 21 who were transported by a private party (other than parents or guardians), an agency, or other school district. On-going contracts with taxi or bus companies should be included herein. Mileage need not be specified. Indicate the expenditures of these contracts for first semester in Column (2) for students Birth to Age 5 in Column (4) for students ages 5 to 21.
9. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM C:
 

Indicate in Column (1) the number of students Birth to Age 5 and in Column (3) the number of students Ages 5 to 21 transported by common carriers such as bus, taxi and airline companies for the first semester. Indicate in Column (2) the expenditures for students Birth to Age 5 and in Column (4) the expenditures for students Ages 5 to 21.
10. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM D:
 

Indicate in Column (1) the number of students Birth to Age 5 and in Column (3) the number of students Ages 5 to 21 transported by district operated vehicles. Indicate in Column (2) the expenditures for students Birth to Age 5 and in Column (4) the expenditure for students ages 5 to 21 for operation of such vehicles from September 1 to December 31.
11. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM E
 

Indicate in Column (1) the total number of students Birth to Age 5 listed in Items A, B, C and D. Indicate in Column (4) the total number of students Ages 5 to 21 listed in Items A, B, C and D. If a student is listed in more than one category in either Columns (1) or (3), count the child only once in Item E.

12. SPECIFIC INSTRUCTIONS FOR COMPLETING ITEM F:

Indicate in Column (2) the total expenditures of Items A, B, C and D for students Birth to Age 5. Indicate in Column (4) the total expenditures of Items A, B, C and D for students Age 5 to 21.

15. In completing these forms refer to the following:

- a) Neb. Rev. Stat. Section 79-1127, and Section 79-1144;
- b) Nebraska Department of Education 92 NAC 51 (Rule 51); and
- c) School District Transportation Application.

**RETURN ORIGINAL COPY OF THE CLAIM FORM  
ON OR BEFORE FEBRUARY 1, TO:**

**Nebraska Department of Education  
Financial Services Section  
P.O. Box 94987  
Lincoln, Nebraska 68509-4987  
Phone: (402) 471-4313**

**MAKE A COPY AND RETAIN IN SCHOOL FILES**