TRANSPORTATION REIMBURSEMENT INVOICE

School Name:_____ Date of Invoice:_____
School Address:_____
_____
School Phone:_____

Bill to:
Saint John's Arboretum
Saint John's University
104 New Science
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**
date of Arboretum class	*description of what you are charging us for*	*number of students who attended class*	*$2.00 per student*	*Maximum reimbursement amount*
			$2.00	
			$2.00	
			$2.00	
			TOTAL	

Total Amount your school paid for transportation for the Arboretum visit(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

- The Arboretum 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 Arboretum class in your invoice (not including teachers or chaperones).
- Contact Sarah Gainey at 320.363.3133 with any questions or concerns.

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