TRANSPORTATION SUBSIDY REIMBURSEMENT REQUEST

Teacher Name			
Telephone		Email	
Claimant's Name (if different from teacher)			
Telephone		Email	
School Name			
School District			
Make check out to (circle one).	-School	-District	
Address to send check			
		D (1/5 % 011)4	
Grade Level		Date of Visit to CHM	
Amount to be reimbursed			

(Title I groups may apply for/receive a bus subsidy for one 50-person bus, up to \$400)

In addition to this form, you must include the following:

- 1. Copy of visit reservation/confirmation from CHM
- $2. \ \textbf{Receipt or invoice from bus company addressed to your school or district}$

(Note: do not bill the Computer History Museum directly)

All materials must be submitted within 60 days of your visit.

Please email to

payables@computerhistory.org

or send by US mail to:

Accounts Payable Computer History Museum 1401 N. Shoreline Blvd. Mountain View, CA 94043

