

HOOSIER EXPLORERS FUND

-REIMBURSEMENT FORM-

Name of Participating School _____

School Contact Person _____ Phone Number _____

Address _____

Number of participating students _____

Number of participating adults _____

Chaperons, teachers

Number of bus drivers _____

Cost of Drivers _____

Number of Hours Worked x Hourly Wage = Driver Cost

Cost of Benefits _____

FICA + Social Security = Driver Benefits

Fuel Cost _____

Total Miles x Cost per Gallon of Gas = Fuel Cost

TOTAL COST OF TRANSPORTATION _____

MAIL REIMBURSEMENT CHECK TO:

School or Administration Office

ATTENTION: _____

Address

Address

Please return this form to kwelch@pccu.com.