

2006-2007 TRAVEL REIMBURSEMENT APPLICATION

Teacher Name: _____

School Name: _____ School District: _____

Address: _____

Zip Code: _____ Phone (S) _____ (H) _____

Fax: _____ E-Mail Address: _____

Number of Students Participating: _____ Grade: _____

Subject: _____

Destination, Contact Name & Phone: _____

Location of Field Trip (Name & Address): _____

Program Title: _____

Date of Trip: _____

Primary Solid Waste Issue Addressed:

Recycling

Composting

Landfill Management

Expected Learning Outcomes, how does this fit into your curriculum? _____

How will this trip educate your students about solid waste education? _____

Brief outline of preparation and follow-up for your trip. Attach solid waste unit. The unit must be at least two lesson plans and one school recycling promotional activity with a minimum of 3 classroom contact hours.

Does your school have an active school wide recycling or composting program? Yes No

Who is the recycling coordinator you will work with to conduct your school recycling promotion activity?

How many Buses? _____ Total Cost: _____

Cost to Solid Waste District (up to \$255/bus): _____ Cost to School _____

Contact name and number for person responsible for ordering bus if other than yourself:

For Office Use Only
Purchase Req? _____
Invoice? _____



**Reimbursement Check List
(Check Each Box)**

- I have read the recipient responsibilities and understand I must make all the arrangements.
- I understand at least 3 classroom hours, in addition to the field trip, must be devoted to Hamilton County solid waste education issues. This content is to be presented by the applicant. Programs conducted by or sponsored by the Solid Waste Management District do not qualify.
- I agree to distribute/review the *Get A Bin* brochure with all participating students. (These will be included in your confirmation packet.)
- I understand the reimbursement only covers transportation expenses, up to a maximum of \$255 per bus. Student fees, late cancellation charges, or any other expenses are not covered.
- I have completed the application (pages 4-5) including lesson plans, the principal's signature, cost, etc.
- I will ensure that my school completes the HCDOES vendor form. (This form is provided with your confirmation packet.)
- I will ensure that the Solid Waste Management District receives an original invoice from my school. (Sample invoice is provided with your confirmation packet.)
- I understand that a minimum of three weeks is required for processing. Applications received less than three weeks prior to the trip will **not** be considered.
- I have indicated who the reimbursement check should be made out to (School or School District) and verify the Vendor Registration Form matches this entity.

Total Amount Requested _____

Teacher Signature

Date

Principal Signature

Date

Return to: Sue Magness, HCSWMD, 250 William Howard Taft Road, Cincinnati, OH 45219
Questions? 513-946-7736 FAX 513-946-7779
(Only return pages 4 & 5)

PLEASE MAKE A COPY AND KEEP FOR YOUR OWN RECORDS