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**Transportation Scholarship Reimbursement Request**

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| --- | --- |
| **Date Requested:** | Click here to enter text.  |
| **Amount Requested:****(Must match invoice amount)** | Click here to enter text.  |
| **Check Payable To:** | Click here to enter text.  |
| **Remittance Address:** | Click here to enter text.  |
| **Contact Person:** | Click here to enter text.  |
| **Contact****Phone Number:** | Click here to enter text.  |
| **Contact****Email Address:** | Click here to enter text.  |

To receive transportation funds, schools must submit to Hudson Gardens, this form **AND** a detailed invoice with the exact amount of the transportation charges listed. The invoice can either come from the school, school district, or the company providing the transportation vehicle. We cannot submit payment without receipt of an invoice.