



**Form 3
Claim for Reimbursement
of Automobile Business Insurance Premiums**

Employee: _____

Position: _____

**School/District or
Regional Office:** _____

Amount: _____ (Attach Insurance Letter)

Period of Claim:
FROM: _____ **TO:** _____

Please attach a letter from your insurance company indicating the additional cost of obtaining business insurance over private insurance and dates of coverage. Employee's name must be on the letter. *Letters indicating spouse's name only will not be accepted for reimbursement purposes.*

This will certify the above named individual is required, as a condition of employment, to have an automobile and has been required, on behalf of this School Board, to utilize this automobile during the present school year.

**Assistant Director of Education
Finance & Business Administration/Student Transportation
Signature:** _____

Date: _____

NOTE:

PLEASE RETURN TO THE OFFICE OF THE ASSISTANT DIRECTOR OF EDUCATION - FINANCE & BUSINESS ADMINISTRATION/STUDENT TRANSPORTATION AS SOON AS POSSIBLE.