

Mansfield ISD Driver Education Reimbursement

School: MHS SHS THS LHS

Instructor: _____

Student Name: _____

Student Address: _____

City/State/Zip: _____

Original Payment Receipt #: _____

Reimbursement Amount: \$ _____

Date this form is delivered to Campus Bookkeeper: _____

Explanation:

Reimbursement for driving portion is \$140 for the seven driving sessions not driven.

Please make copies for you and your student before you deliver it to the bookkeeper.