

# TRANSPORTATION REIMBURSEMENT REQUEST

Teacher/Primary Staff Name

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Telephone

Email

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Claimant's Name (if different from teacher)

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Telephone

Email

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School/Organization Name

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School District

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Make check out to (circle one).

-School

-District

-Organization

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Address to send check

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Grade Level

Date of Visit to CHM

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Amount to be reimbursed

(Title I groups may apply for and receive a full travel reimbursement.)

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In addition to this form, you must include the following:

1. **Copy of visit reservation/confirmation from CHM**
2. **Receipt or invoice from bus company addressed to your school or district**

(Note: do not bill the Computer History Museum directly)

**All materials must be submitted within 60 days of your visit.**

Please email to

**payables@computerhistory.org**

or send by US mail to:

**Accounts Payable**

**Computer History Museum (CHM)**

**1401 N. Shoreline Blvd.**

**Mountain View, CA 94043**

The logo for the Computer History Museum (CHM), consisting of the letters 'CHM' in a bold, red, sans-serif font.