

**Children's Education & Transportation Fund**  
**Reimbursement Request Form**

To: Programs Department  
Blackhawk Museum  
3700 Blackhawk Plaza Circle  
Danville, CA 94506-4652

Date: \_\_\_\_\_

Dear Teacher,

We are delighted that you are participating in our Children's Education & Transportation Fund.  
**Please fill in the information below and copy onto your school's letterhead.**

Date of School Tour: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

**Request for reimbursement for busing services provided:**

Number of buses: \_\_\_\_\_

Amount for each bus: \_\_\_\_\_

Total reimbursement: \_\_\_\_\_

Check to be made payable to: \_\_\_\_\_

(School or School District only)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit this form with the final invoice from the bus company to the Programs Department at [programs@blackhawkmuseum.org](mailto:programs@blackhawkmuseum.org), or via USPS: Programs Dept., Blackhawk Museum, 3700 Blackhawk Plaza Circle, Danville, CA 94506-4652.**