

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)

Attention: _____

Address _____

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