

Beaufort County Schools  
Commercial Driver's License Reimbursement Form



Name: \_\_\_\_\_

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

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

NCDL#: \_\_\_\_\_

Beaufort County Schools will provide reimbursement for the additional cost of maintaining a commercial driver's license required for job-related duties. Complete this form and attach the original receipt from the **NCDMV**. Submit all completed documents to **BCS Transportation Department** within **30 calendar days**. Additional endorsements not reflected on this form will be at the individual's expense.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
School Administrator Signature

---

**(Information below to be filled out by transportation department)**

**FEE**

**Reimbursement**

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> CDL Permit:                                | \$87.00                       |
| <input type="checkbox"/> 3 Year CDL<br>Class C (Employee Deduction) | \$106.50<br><b>-\$19.50</b>   |
|   | <b><u>Total: \$87.00</u></b>  |
| <input type="checkbox"/> 5 Year CDL<br>Class C (Employee Deduction) | \$177.50<br><b>-\$32.50</b>   |
|   | <b><u>Total: \$145.00</u></b> |
| <input type="checkbox"/> Additional Cost:                           | _____                         |
| <input type="checkbox"/> DOT Physical:                              | \$100.00                      |

**Total:** \_\_\_\_\_

**Budget Code:**

- ☐ CDL: 2.6551.706.353.000.000.65 \_\_\_\_\_
- ☐ DOT Exam: 1.6550.056.316.000.000.65 \_\_\_\_\_

Authorized by: \_\_\_\_\_

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

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT.

\_\_\_\_\_  
FINANCE OFFICER

\_\_\_\_\_  
DATE