

Bus Reimbursement Program 2025–2026 Policy

Each year, the Clark welcomes hundreds of Pre-K–Grade 12 school groups from communities across Massachusetts, New York, Vermont, and beyond. To ensure all schools can take advantage of the Clark’s educational programming, **school bus transportation funding is provided, in part or in full, to school groups that could not otherwise afford to visit.** Funding is available for both guided and teacher-guided visits. To receive partial or full transportation reimbursement, schools must make the round-trip visit in one day. See our reimbursement policy and process below for more information.

Reimbursement Policy:

- For groups with school-wide Title I programs, we will reimburse the **full cost** of school busing to visit the Clark.
- For groups visiting from within a 30-mile radius, we will reimburse **up to \$300**.
- For groups that are more than 30 miles away, the Clark will reimburse an **additional \$4 per mile** traveled to and from the museum. *Please note, mileage is calculated based on the shortest route possible.*

Reimbursement Process:

To request transportation funding, submit a completed Reimbursement Request Form (page 2) with a copy of your bus bill or invoice on or after the date of your visit to the Clark, via email to:

Lily McGartland
Education Department Coordinator
education@clarkart.edu

If you prefer to submit your request via regular mail, please send your Reimbursement Request Form (page 2) and bus invoice/bill to:

Lily McGartland
Clark Art Institute
225 South Street
Williamstown, MA 01267

After submission, your funding request will be reviewed and approved based on our policy above. A reimbursement check will be mailed to your provided address within 2–3 weeks of approval.

*If this policy prohibits your school from visiting, please contact us at education@clarkart.edu or by phone at **413 458 0563**. Our goal is to make all school group visits to the Clark financially accessible; we will do our best to meet your schools’ needs.*

THE CLARK

Reimbursement Request Form
2025–2026

School: _____

Date of Visit: _____

Number of Students and Grade(s) in Attendance: _____

Name of Contact: _____

Contact Email: _____

Contact Phone: _____

Make Check Payable To: _____

Mail Check To: _____

Amount: \$ _____

Please be sure to attach a copy of your bus bill or invoice!

CAI use only below this line:

API: _____ Inv. #: _____

Reviewed by: _____ Effective date: _____

Fund: GL Acct: Dept: Proj.: Task:
100 520353 040 --- ---

Amount: \$ _____