

**BUS REQUEST (Completed by School)**

School: \_\_\_\_\_ No. of Passengers: \_\_\_\_\_  
 Destination: \_\_\_\_\_ Driver Name: \_\_\_\_\_  
 Activity: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_  
 Will the trip be overnight **and** greater than 160 kms one way from your service garage? \_\_\_\_\_ Yes \_\_\_\_\_ No

(School to fax request to Rick McKeil, Supervisor of Transportation at 306-845-3392)

**BOOKING (Completed by Bussing Department)**

Date Received: \_\_\_\_\_  
 Date faxed to Bussing Garage: \_\_\_\_\_  
 Date confirmation sent to school: \_\_\_\_\_ Faxed \_\_\_\_\_ E-Mailed \_\_\_\_\_

**EMPLOYEE EXPENSE (Completed by Bus Driver)**

Driver: \_\_\_\_\_  
 Are you an Educational Assistant or Teacher? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If "Yes", are you a Supervisor or Coach for the event? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Departure Date & Time from School: \_\_\_\_\_  
 Arrival Date & Time back at School: \_\_\_\_\_  
 Bus Unit No: \_\_\_\_\_ Odometer Reading: Start \_\_\_\_\_ End \_\_\_\_\_  
 Total round trip distance: \_\_\_\_\_  
 Driving Time: \_\_\_\_\_  
 Standby Time to be paid (max F€ hrs/day): \_\_\_\_\_

**DO NOT claim extra 1/2 hr for cleaning/refueling. It will be automatically added to claim.**

Meal expenses\*: B \_\_\_\_\_ D \_\_\_\_\_ S \_\_\_\_\_  
 \*P-Card/Petty Cash expenses (attach receipts):  
 (e.g. Fuel or Lodging)

*Guide - Meals	
Breakfast	Pre 8:00 a.m.
Dinner	12:00 - 1:00 p.m.
Supper	6:00 - 7:00 p.m.

**\*ANY PURCHASES WHILE ON TRIP ARE THE RESPONSIBILITY OF THE SCHOOL**

Travel - Within Community \_\_\_\_\_ 1 Trip \_\_\_\_\_ 2 trips \_\_\_\_\_ 3 trips  
 (Expense claim to be submitted by Bus Driver to School Principal)  
 PRINCIPAL'S APPROVAL: Qualifies for Excellence Fund \_\_\_\_\_ Yes \_\_\_\_\_ No

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit Claim to Transportation Department, Turtleford

Fax: 306-845-3392

**OFFICE USE ONLY**

**PAYROLL INFORMATION**

Driver's Name: \_\_\_\_\_

**Division Drivers:** \_\_\_\_\_ **Total** \_\_\_\_\_

\_\_\_\_\_ hrs x \$ \_\_\_\_\_ /hr = \_\_\_\_\_

\_\_\_\_\_ hrs x \$ \_\_\_\_\_ /hr = \_\_\_\_\_

Cleaning/refueling 1/2 hr x \$ \_\_\_\_\_ /hr = \_\_\_\_\_

Meals - B \_\_\_\_\_ D \_\_\_\_\_ S \_\_\_\_\_ = \_\_\_\_\_

**Total to Payroll:** \$ \_\_\_\_\_

Date submitted to Payroll: \_\_\_\_\_

**JOURNAL ENTRY** (Record school use of division bus)

\_\_\_\_\_ km x \$ \_\_\_\_\_ = \_\_\_\_\_

Less P-Card/Petty Cash Expenses\* = \_\_\_\_\_

\*To be deducted from JE Total = \$ \_\_\_\_\_

	DR	CR
1-2-12-170-361- _____-230		
Sports & Field Trips		
1-2-14-175-530- _____-323		
Sp Ed (Aqua/Equine/W/Chair)		
1-2-12-170-361- _____-231		
Excellence Fund		
1-2-12-170-361- _____-312		
School Generated Funds		
1-2-14-135-503-998-998		
Bus Gas & Oil		