



To be completed by bus driver and handed in to the school for approval.

Driver Name: _____

School: _____

Trip Supervisor: _____

Destination: _____

Activity: _____

No. of Passengers: _____

Is this an overnight trip? ☐ Yes ☐ No

Did you work as an EA or Teacher during this trip?

☐ Yes ☐ No

If yes, what hours did you work as an E.A or Teacher?

Start Time: _____

End Time: _____

MEALS

of Breakfast: _____

of Dinners: _____

of Suppers: _____

Were any of your meals paid by the school?

☐ Yes ☐ No

Date of Departure: _____

Time of Departure: _____

Date of Return: _____

Time of Return: _____

Odometer Start: _____

Odometer End: _____

Total Kilometers: _____

Bus Unit Number: _____

Did you stay with students the entire trip?

☐ Yes ☐ No:

EXPENSE CLAIM

Actual Drive Time: _____

Standby Time: _____

Did you add a half hour to your actual drive time for cleaning and fueling the bus?

☐ Yes ☐ No

Was this an in community trip?

☐ Yes ☐ No

of In Community Round Trips: _____

Administrator

Signature: _____

* By signing and submitting this form you are verifying on behalf of the school that the above information regarding this trip is correct.

Please submit this form as soon as possible when the trip is completed for prompt payment of bus drivers.

FORM MUST BE FILLED IN COMPLETELY IN ORDER TO AVOID DELAY OF PAYMENT

SCHOOL ADMINISTRATOR MUST APPROVE BEFORE SUBMITTING TO THE TRANSPORTATION DEPARTMENT