

Bus Driver Extra Trip Sheet UPDATED AUGUST 2023

Date: _____

Driver's Name: _____

Destination: _____

Reason for Trip: _____

Coach or Sponsor for the Activity: YES or NO If yes, Actual Driving Time: _____

Ending Mileage: _____

Beginning Mileage: _____

Miles Driven: _____

Time Departed: _____

Time Returned: _____

Hours Gone: _____

Bus No. _____

Note: Use **Expense Reimbursement Form** for all **Meals** and/or **Mileage** using a personal vehicle

Driver Signature

For Office Use Only

Hours _____ @ \$15 = _____ (Minimum of \$60, or \$30 if Coach/Sponsor)

School in Session: Yes No: Add \$20

Overnight Nights: _____ @ \$75 each night = _____

Total: _____

Superintendent Signature