

EDUCATIONAL AND EXTRA CURRICULAR TRIP INVOICES

NAME OF DRIVER:	BUS NUMBER:
DATE OF TRIP:	
SCHOOL:	DEPARTMENT:
DESTINATION:	
MILEAGE – RETURN	TOTAL MILES TRAVELED:
TIME DEPARTURE:	TIME RETURNED:
DRIVING TIME _____ = _____ Hours X Rate	
WAITING TIME _____ = _____ Hours X Rate	
TOTAL AMOUNT DUE DRIVER	
APPROVED FOR PAYMENT BY:	
Director of Transportation	

3 Copies

Director of Transportation – White
 Principal – Yellow
 Driver – Pink