

BISHOP CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Extracurricular Bus Trip Report

(*Due to Transportation Director no later than seven days after trip)

Travel Information

Date of Trip: _____ Destination: _____

Purpose of Trip: _____

Driver: _____ Vehicle No.: _____

Odometer Readings:

Ending Mileage: _____ Departure Time: _____

Beginning Mileage: _____ Return Time: _____

Total Mileage: _____ Hours Worked: _____

Bus Driver Check (One: Coach of Sport NON-Coach of Sport

Signature of Driver Date Signature of Supervisor Date

(Business Office Use Only)

Driver Compensation

Regular Hours _____ x \$ _____ = \$ _____

Overtime Hours _____ x \$ _____ = \$ _____

Benefits _____ = \$ _____

TOTAL PAY = \$ _____

Account #: _____

Reimbursement to Internal Service Fund

	<i>Debit</i>	<i>Credit</i>
199-__-6494-__-__-3-__-__-__	\$ _____	199-00-1101-00-000-3 \$ _____
211-11-6494-__-__-3-__-__-__	\$ _____	211-00-1101-00-000-3 \$ _____
224-11-6494-__-__-3-__-__-__	\$ _____	224-00-1101-00-000-3 \$ _____
461-11-6494-__-__-3-__-__-__	\$ _____	461-00-1101-00-000-3 \$ _____
865-00-2191-__-__-3-__-__-__	\$ _____	865-00-1101-__-__-3 \$ _____
751-00-1101-00-000-3	\$ _____	751-00-5754-00-000-3 \$ _____