

EXTRACURRICULAR TRANSPORTATION REPORT
CLAY COUNTY SCHOOLS

DRIVER'S NAME _____ CURRENT DATE _____

DATE OF TRIP _____ BUS # _____ BUS CAPACITY _____

NO. PUPILS TRANS. _____ GAL. FUEL USED _____

ROUND TRIP MILES (FROM PICKUP TO RETURN) _____

ORGANIZATION TRANSPORTED _____

SCHOOL OR SITE VISITED _____

TIME OF DEPARTURE FROM HOME SCHOOL _____ A.M. P.M.

TIME OF RETURN TO HOME SCHOOL _____ A.M. P.M.

TOTAL NUMBER OF HOURS SPENT ON TRIP _____

PRE AND POST TRIP INSPECTION TIME ½ HOUR

TOTAL HOURS TO BE CONSIDERED _____

NAME OF SCHOOL STAFF MEMBERS WHO ACCOMPANIED STUDENTS ON TRIP

1. _____ 2. _____ 3. _____

TYPE OF EXTRACURRICULAR TRIP:

1. DAY TRIP (BETWEEN RUNS) – 1/7 \$ _____

2. EVENING TRIP – TIME AND ONE-HALF \$ _____

EMPLOYEE SIGNATURE

EMPLOYEE IDENTIFICATION NUMBER

SIGNATURE OF TRANSPORTATION DIR.

YEARS EXPERIENCE

TURN IN TO BOARD OFFICE AT END OF EACH SCHOOL CALENDAR MONTH. TRIPS PAID ON THE 10TH OF EACH MONTH!

OFFICE USE ONLY

DATE PAID _____ BY _____ DATE POSTED _____ BY _____