

**Dawson Springs Independent School District
Co-Curricular / Extra Curricular Bus Trip Report**

Date of trip: _____ Bus Used: _____

Driver: _____ Sponsor: _____

Group making trip: _____

Destination: _____

Principal/AD Signature/Approval: _____

Trip Log

MILEAGE

Departure

Return to Bus Compound

Total miles driven

TIME

Time of departure for site: _____

Time of arrival at bus compound: _____

Driving Time: _____ Waiting Time: _____ Total Time: _____

DRIVER EXPENSES

Tolls: _____ Meals: _____ Fuel: _____

Attach toll, meal and fuel receipts to this form. No expense reimbursement will be made without receipts.

SIGNATURES

Driver: _____ Date: _____

Coordinator: _____ Date: _____

Superintendent: _____ Date: _____

Revised 7/2014

For Payroll Use Only

ORG	OBJ	PROJ	HRS	RATE	AMOUNT
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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