

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

Date of trip: \_\_\_\_\_ Bus Used: \_\_\_\_\_

Driver: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Group making trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Trip Approved by Principal/Athletic Director: \_\_\_\_\_

**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.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Payroll Use Only**

ORG	OBJECT	Item	Qty.	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____