

(SCHOOL DISTRICT) EXTRA TRIP FORM effective (Date)

DRIVER _____
SCHOOL _____
ACTIVITY _____
DESTINATION _____
DATE OF TRIP _____
BUS # _____

TRIP CHAPERONE SIGNATURE/DATE

DIRECTOR OF AUX SERVICES/DATE

DRIVER USE (PRELIMINARY AFTER TRIP):		
	PROPOSED	ACTUAL
RETURN TIME		
DEPART TIME		
TOTAL TIME		
HOURS NEG. ADJ		
HOURS REGULAR TIME		
HOURS OVERTIME		
MILEAGE END		
MILEAGE START		
MILEAGE TOTAL		

FOR OFFICE USE ONLY:			
TYPE	HOURS	RATE/	EXT.
REG HOURS		X \$18.50	
OVERTIME HOURS		X \$27.75	
NON-DISTRICT HOURS		X \$33.00	
TOTAL HOURS			
MILES COST/ EXT.			
MILEAGE COSTS		X \$0.75	
FOOD COSTS			
TOTAL COSTS THIS TRIP			

AFTER TRIP CERTIFICATIONS:

BUS POST-TRIPPED _____
BUS FUELED _____
BUS CLEANED _____

DRIVER REMARKS: _____

DRIVER SIGNATURE: _____