### Clinch County Board of Education

Transportation Department – Bus Trip Report

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_16, 20\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15, 20\_\_\_\_\_\_**

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 (Print Name of Driver/HLC Bus Monitor)

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| --- | --- | --- | --- |
|  **Date** | **BUS DRIVERS** | **BUS****MONITORS** | **$ Amount** |
| **Destination** | **Group** | **Mileage****(Leaving from****Homerville)** | **Mileage****(Returning to****Homerville)** | **Time****(Leaving from****Homerville)** | **Time****(Returning to Homerville)** | **HLC****F = Full Day****H = Half Day** |
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(Signature of Driver/Bus Monitor) (Signature of Transportation Director)

**NOTE: All appropriate blanks on this form must be completed. Any incomplete forms will not be approved. This form must be received in the Transportation Director’s office ON OR BEFORE the 15th of the calendar month in order for the driver to receive a check. This is the responsibility of the driver/bus monitor. Revised 9/6/2018**