



ROBERTSON COUNTY SCHOOLS

Field Trip Invoice for Bus Drivers

NAME OF DRIVER: _____

DATE OF TRIP: _____ BUS NUMBER: _____

SCHOOL: _____ DEPARTMENT: _____

TEACHER(S) ON TRIP: _____

DESTINATION: _____

MILEAGE (DEPARTURE): _____ MILEAGE (RETURN): _____

TOTAL MILES TRAVELED: _____ FUEL COST: _____

TIME (DEPARTURE): _____ TIME (RETURN): _____

TOTAL # OF HOURS/TIME FOR TRIP (FROM DEPART TO RETURN) = _____

DRIVING TIME: _____ = \$ _____ (Driving Time: # Hours x Driver Hourly Rate)

WAITING TIME: _____ = \$ _____ (Waiting Time: # Hours x 7.25 Per Hour)

TOTAL AMOUNT DUE TO DRIVER: \$ _____

****DRIVER'S SIGNATURE:** _____

APPROVED FOR PAYMENT BY: _____

Director of Transportation