



# Clinton County Schools

## Bus Voucher



### School/Program Section

*Please fill out ALL sections below to insure your trip is scheduled correctly.*

Group or Organization \_\_\_\_\_

School \_\_\_\_\_

Destination \_\_\_\_\_

Trip Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

(Estimated) Departure Time \_\_\_\_\_  AM  PM Return \_\_\_\_\_  AM  PM

No. of Buses \_\_\_\_\_ No. of Students \_\_\_\_\_ Departure Location \_\_\_\_\_

Teacher Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Teacher/Chaperone Contact Number \_\_\_\_\_ (Not School Number)

Request Date \_\_\_\_\_

**Please Check One of the following Funding Sources:**

School Trip Allocation (Specify) \_\_\_\_\_  School Activity Fund (Specify) \_\_\_\_\_.

Club or Program Fund (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

Principal Signature \_\_\_\_\_

**\*\*\*Trip & Trip Funding must be approved by principal\*\*\***

### Bus Driver Section

Bus No. \_\_\_\_\_

Driver Name \_\_\_\_\_

Departure Mileage \_\_\_\_\_

Return Mileage \_\_\_\_\_

Total Miles Traveled \_\_\_\_\_

Gallons Used to Re-Fuel \_\_\_\_\_

Departure Time \_\_\_\_\_  AM  PM

Return Time \_\_\_\_\_  AM  PM

Total Hours Due Bus Driver \_\_\_\_\_

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

Transportation Director Signature \_\_\_\_\_