



# EXTRACURRICULAR TRIP REPORT

Tangipahoa Parish School System  
59656 Puleston Road  
Amite, LA 70422-5616



## Trip Information

Date(s) of Trip \_\_\_\_\_ Bus No. \_\_\_\_\_ **Check One:**  Contract  Board-Owned  School Owned

**Trip Type:**  Field Trip  Extracurricular Trip

School Name: \_\_\_\_\_

Coach/Sponsor/Faculty Approval: \_\_\_\_\_  
(Name) (Signature) (Date)

Destination: \_\_\_\_\_  
(Name) (Address, City, State) (Zip)

Purpose: \_\_\_\_\_

## Bus Driver Information

Bus Driver Name: \_\_\_\_\_ Emp. No.: \_\_\_\_\_

*(I, the bus driver, confirm that the information below is correct. If this trip prevents me from completing my normal assigned route, I have verified that my route is covered by a substitute driver and that I will NOT be eligible for perfect attendance stipend)*

Driver Request Payment For Driving Time:  YES  NO Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Bus Driver Time

Arrival Time: \* \_\_\_\_\_

Return Time: \* \_\_\_\_\_

Total Hours: \_\_\_\_\_

Bus Driver Salary \_\_\_\_\_

Benefits Paid by School 35% \_\_\_\_\_

Total to be Paid to District \_\_\_\_\_

### Odometer Readings

Start Mileage \_\_\_\_\_

End Mileage \_\_\_\_\_

Total Mileage \_\_\_\_\_

X Trip Rate of (\$ \_\_\_\_\_ )

Total Mileage Cost \$ \_\_\_\_\_



\*must use military time and convert minutes to nearest quarter decimal (.00,.25,.50,.75) for instance: 10:28am would be 10.50 & 2:43pm would be 14.75.

Total Trip Cost \$ \_\_\_\_\_ Fund Source: \_\_\_\_\_

*(Initial by Financial Acct. Clerk)*

Principal: Name \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

## FOR CENTRAL OFFICE USE

Salary Code: \_\_\_\_\_  
(ORG/OBJ/PROJECT)

Operation Code: \_\_\_\_\_  
(ORG/OBJ/PROJECT)