

**BUTLER COUNTY BOARD OF EDUCATION
TRANSPORTATION REIMBURSEMENT TO BOARD OF EDUCATION
FOR USE OF SCHOOL VEHICLE(S)**

DATE: _____ BUS NUMBER: _____

**BUS REQUESTED
BY (EMPLOYEE NAME):** _____

TRIP DESTINATION (CITY) _____

**PURPOSE OF TRIP
(Basketball, Zoo, etc.):** _____

TRIP DIRECT # _____ **FUNDING SOURCE** _____

Location:	
Georgiana School	<input type="checkbox"/>
Greenville High	<input type="checkbox"/>
Greenville Middle	<input type="checkbox"/>
Greenville Elem.	<input type="checkbox"/>
McKenzie High	<input type="checkbox"/>
W. O. Parmer	<input type="checkbox"/>
Central Office	<input type="checkbox"/>
Career Academy	<input type="checkbox"/>
Special Services	<input type="checkbox"/>
Transportation/ Maintenance	<input type="checkbox"/>
Other	<input type="checkbox"/>

<i>Departure Time</i>	<i>Return Time</i>	ODOMETER READING AT BEGINNING OF TRIP	ODOMETER READING AT END OF TRIP <i>*TO BE COMPLETED BY DRIVER</i>
TOTAL NUMBER OF MILES			
TOTAL # OF MILES x \$1.75 PER MILE		\$	

<u>TRIP DISTANCE FROM SCHOOL (ROUND TRIP)</u> ZONE 1: 1 - 100 miles ZONE 2: 101 - 200 miles ZONE 3: 201 - 300 miles ZONE 4: >300 miles	<u>DRIVER PAY</u>	
	<input type="checkbox"/> ZONE 1: \$60	<input type="checkbox"/> OVERNIGHT TRIP: \$240
	<input type="checkbox"/> ZONE 2: \$65	<input type="checkbox"/> COACHES \$30
	<input type="checkbox"/> ZONE 3: \$70	<input type="checkbox"/> NO PAY
	<input type="checkbox"/> ZONE 4: \$75	

Driver's Name (Please Print)

Driver's Signature

**SCHOOL PERSONNEL MUST PROVIDE A STUDENT ROSTER
TO THE BUS DRIVER FOR ALL TRIPS PRIOR TO DEPARTURE**

***This form must be submitted to the Transportation
Department by Monday following the date of trip.***

For Central Office Use Only

(1) Transportation Dept. (Initial/Date)

(2) Payroll (Initial/Date)

(3) Accounting (Initial/Date)