TRIP MILEAGE REPORT

☐ATHLETIC TEAM ☐FIELD TRIP

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

526 South Choctaw Street
Clarksdale, MS 38614
(662) 627-8500

INSTRUCTIONS

This report must be completed by both the Driver and the Teacher/Chaperone and returned to the Transportation Director after each trip.

DATE OF TRIP: _____

GROUP TAKEN: _____

DESTINATION: _____

SCHOOL:

ACTIVITY/EVENT: _____

BUDGET CODE: _____

THIS SECTION TO BE COMPLETED BY DRIVER

DRIVER'S NAME:

BUS NUMBER:

MILEAGE:
START: _____
RETURN: _____
TOTAL TRIP MILEAGE: _____

TIME:
START: _____
FINISH: _____
TOTAL TIME: _____

COMMENTS:

_____

_____ _____

(Driver Signature)

THIS SECTION TO BE COMPLETED BY TEACHER/CHAPERON

TEACHER/CHAPERONE NAME:

RETURN TIME TO SCHOOL:

COMMENTS:

_____

_____ _____

(Teacher/Chaperone Signature)

Approval:

_____ _____

(Principal's Signature) (*Transportation Director's Signature)*

_____

(Superintendent's Signature)