

MENIFEE COUNTY BOARD OF EDUCATION

Educational and Extra-Curricular Trip Invoice

NAME OF DRIVER _____ BUS NUMBER _____

DATE OF TRIP _____

SCHOOL _____ DEPARTMENT _____

CHARGE TO _____

DESTINATION _____

MILEAGE (Departure) _____ MILEAGE (Return) _____

TOTAL MILES OF TRIP _____

TIME (Departure) _____ TIME (Return) _____

GALLONS NEEDED TO REFUEL UPON RETURN _____

DRIVING TIME _____ = _____

WAITING TIME _____ = _____

TOTAL AMOUNT DUE TO DRIVER _____

DRIVER SIGNATURE _____

APPROVED FOR PAYMENT BY _____

Director of Transportation