Barre Unified Union School District

Bus Rider Timesheet

Name: _____ School (select one): ○ **BCEMS** ○ **BTMES** ○ **SHS**

Must be submitted to your Transportation Coordinator by Thursday at 4:00 before the pay period ends.

Date	Bus #	Total # of Hours	Funding Code	Rate	Total
Total					

Rider's Signature: _____ **Date:** _____ **Bus Rider** **$25.00/hr**

Transportation Coord. Signature: _____

Updated
9/24/25

Please return completed timesheet to the Transportation Coordinator.