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)

Every. Student. Every Need.