

Transportation Remittance Form

(To be completed **after** bus trips)

School

Date

Class/Organization/Athletic Team

Destination

Date(s) of Trip

Bus Number

Driver's Name

Employee ID Number

Sign- In Location

For Invoicing Purposes: Funding Source

Office Use Only: (Check One)

LCBE Funding	
Federal Programs	
Indian Education	
Career Technology	
Special Education	
Local School	
Other:	

Driver's Rate of Pay: To be paid from the time of departure until the bus arrives back at the parking lot.

Day Trips *including*

After School Trips @ \$24/hour (2-Hour Minimum) \$48.00 +

Overnight Trips

Negotiable Rate

(No less than \$192.00) + Room and Meals

Time of Departure

Time of Arrival Back

Total Time on Trip (hours and minutes)

Milage Before Trip

Mileage After Trip

Miles Traveled at \$1.55/mile

Driver's Signature

Date

Principal's Signature

Date