



Activity Vehicle Use Report

Vehicle# _____ Trip# _____
 School Name: _____
 Date - Pickup: _____
 Date - Return: _____
 Date - Trip: _____
 Destination: _____

Ending Mileage: _____
 Beginning Mileage: _____
 Total Mileage: _____
 Teacher: _____
 Event: _____

DATE: _____ PICKUP	DRIVER'S TIME
Beginning Time: _____ a.m./p.m.	Driver's Name: _____
Ending Time: _____ a.m./p.m.	SSN# (last 4): _____ CDL #: _____
Total Hours: _____	Driver's Signature: _____
<i>Hours to be rounded to the nearest 1/4 hour</i>	Transportation Signature: _____

DATE: _____ TRIP	DRIVER'S TIME
Beginning Time: _____ a.m./p.m.	Driver's Name: _____
Ending Time: _____ a.m./p.m.	SSN# (last 4): _____ CDL #: _____
Total Hours: _____	Driver's Signature: _____
<i>Hours to be rounded to the nearest 1/4 hour</i>	Sponsor's Signature: _____ Date _____
Specialist Printed Name: _____	Specialist Signature: _____ Date _____

DATE: _____ DROP OFF	DRIVER'S TIME
Beginning Time: _____ a.m./p.m.	Driver's Name: _____
Ending Time: _____ a.m./p.m.	SSN# (last 4): _____ CDL #: _____
Total Hours: _____	Driver's Signature: _____
<i>Hours to be rounded to the nearest 1/4 hour</i>	Transportation Signature: _____

To be completed by school bookkeeper

Total Hours: _____
 xRate \$ _____

Total Pay: _____
 School Funds Check#: _____
 Account #: _____
 Principal's Approval: _____

Make check payable to Union County Public Schools
 Send check w/yellow copy to Payroll Specialist

To be completed by Payroll Specialist

PICKUP DRIVER

Total Hours: _____
 xRate \$ _____

Total Pay: _____

TRIP DRIVER

Total Hours: _____
 xRate \$ _____

Total Pay: _____
 Budget Code: 2.6550.931.171 _____ (School#)

DROP OFF DRIVER

Total Hours: _____
 xRate \$ _____

****To avoid a cleaning charge (\$75 - bus, \$50 - van), please sweep and clean the inside of the vehicle****

Email completed copies to: Payroll, School Bookkeeper, Bus Garage, Trip Driver