



FIELD TRIP / ATHLETICS PAYROLL VOUCHER

Bus Driver's Name: _____ **Trip:** _____
(Please Print Name)

Regular Driver: _____ **Substitute Driver:** _____ **Bus Number:** _____

Date of Trip: _____ **School / Organization:** _____

Destination: _____ **Miles Traveled:** _____

Departure Time: _____ **Return Time:** _____

Total time on trip/event: _____
(Round and report all time to the nearest quarter hour; such as .25, .50, .75)

(Bus Driver Signature / Date)

(Approval Signature / Date)

Please Note: The Transportation Department will complete this section:

Gross amount due to driver: _____ hours X \$16.50 per hour = _____

(Please make sure to round and report all time to the nearest quarter hour.)

Regular Driver: \$ _____ x 1.212 = \$ _____
(Remit to Central Office)

Substitute Driver: \$ _____ x 1.0765 = \$ _____
(Remit to Central Office)

(Transportation Signature/Date)

****THIS FORM MUST BE COMPLETED ACCURATELY AND RETURNED TO THE DESIGNATED AREA AT THE TRANSPORTATION DEPARTMENT.**