

Bus Driver Extra Trip Sheet 2025-2026

Date: _____

Driver's Name: _____

Destination: _____

Reason for Trip: _____

Ending Mileage: _____

Beginning Mileage: _____

Miles Driven: _____

Time Departed: _____

Time Returned: _____

Hours Gone: _____

Bus No. _____

Note: Use **Expense Reimbursement Form** for all **Meals** and/or **Mileage** using a personal vehicle

Driver Signature

For Office Use Only

Hours _____ @ \$15.75 = _____ (Minimum of \$63)

School in Session: Yes No: Add \$20

Overnight Nights: _____ @ \$75 each night = _____

Total: _____

Superintendent Signature