*Dickenson Co. Public Schools*

*309 volunteer Ave P. O. Box 1127*

*Clintwood, VA 24228*

*276-926-4643 276-926-6374 FAX*

*BUS VOUCHER*

**C:\Users\crstanley\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\AST7T0B6\MC900325652[1].wmfTO BE COMPLETED BY BUS DRIVER**

|  |
| --- |
| *Trip Information*  **SCHOOL: RHS Bus Request Initiated By:** |
| **Destination: Address:** | |
| **Date(s) of Trip: Departure Time Return Time Total Hours** | |
| **Source of Funding: (Check all that apply) Type of Trip** | |

* **District Funded ○√ Athletics (Sport) \_\_\_\_\_\_\_\_\_\_\_\_**
  + **School Funded ○ Fieldtrip (Club/Group) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Participant Funded ○ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **Other Funding Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Driver Information*

|  |
| --- |
| **Driver’s Name Bus #**   * **Regular Driver Odometer Start Odometer End** |
| √**Substitute Driver Total Miles** |
| **Signature of Driver Date** |
| **TO BE COMPLETED BY PERSON INITIATING BUS REQUEST OR PRINCIPAL** |
| **I certify that the above trip report is correct**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments:**  **Teacher/Principal Signature Date** |

**Transportation Office Use Only**

**Total Miles \_\_\_\_\_\_\_\_\_\_\_\_\_÷ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X \_\_\_\_\_\_\_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_**

**Total Driver Hrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_X \_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_**