*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 \_\_\_\_\_\_\_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_\_\_**