

EXTRACURRICULAR TRANSPORTATION REPORT  
CLAY COUNTY SCHOOLS

DRIVER'S NAME \_\_\_\_\_ CURRENT DATE \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_ BUS # \_\_\_\_\_ BUS CAPACITY \_\_\_\_\_

NO. PUPILS TRANS. \_\_\_\_\_ GAL. FUEL USED \_\_\_\_\_

ROUND TRIP MILES (FROM PICKUP TO RETURN) \_\_\_\_\_

ORGANIZATION TRANSPORTED \_\_\_\_\_

SCHOOL OR SITE VISITED \_\_\_\_\_

TIME OF DEPARTURE FROM HOME SCHOOL \_\_\_\_\_ A.M. P.M.

TIME OF RETURN TO HOME SCHOOL \_\_\_\_\_ A.M. P.M.

TOTAL NUMBER OF HOURS SPENT ON TRIP \_\_\_\_\_

PRE AND POST TRIP INSPECTION TIME  $\frac{1}{2}$  HOUR

TOTAL HOURS TO BE CONSIDERED \_\_\_\_\_

NAME OF SCHOOL STAFF MEMBERS WHO ACCOMPANIED STUDENTS ON TRIP

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

TYPE OF EXTRACURRICULAR TRIP:

1. DAY TRIP (BETWEEN RUNS) – 1/7 \$ \_\_\_\_\_

2. EVENING TRIP – TIME AND ONE-HALF \$ \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
EMPLOYEE IDENTIFICATION NUMBER

\_\_\_\_\_  
SIGNATURE OF TRANSPORTATION DIR.

\_\_\_\_\_  
YEARS EXPERIENCE

**TURN IN TO BOARD OFFICE AT END OF EACH SCHOOL CALENDAR MONTH. TRIPS  
PAID ON THE 10<sup>TH</sup> OF EACH MONTH!**

OFFICE USE ONLY

DATE PAID \_\_\_\_\_ BY \_\_\_\_\_ DATE POSTED \_\_\_\_\_ BY \_\_\_\_\_