

BRECKINRIDGE COUNTY BOARD OF EDUCATION
Educational and Extra Curricular Trip Invoice

Name of Driver _____ Bus Number _____

Date of Trip _____

School _____ Teacher/Sponsor _____

Destination _____

Reason for the trip _____
(Example: River Park Center – 6th Graders to a Play)

Mileage – Departure _____

Mileage – Return _____ Total Miles Traveled _____

Time Departure _____ Time Return _____

EDUCATIONAL FIELD TRIP: _____ x .50 = _____

NON EDUCATIONAL FIELD TRIP: _____ x .50 = _____

COMPETITION/TEAM : _____ x .50 = _____

Driver Cost _____ X \$11.00 = \$ _____
Hours

Total Amount Due Driver \$ _____

Driver's Signature _____

Approved for Payment By: _____
Director of Transportation

Approved for Payment By: _____
School Principal