

FIELD TRIP / ATHLETICS PAYROLL VOUCHER

Bus Driver's Name: _____ **Trip Purpose:** _____
(Please Print Name)

Check One: ___ **Regular Driver** ___ **Substitute Driver**

Date of Trip: _____ **School / Organization:** _____

Destination: _____ **Miles Traveled:** _____

Departure Time: _____ **Return Time:** _____

Total time on trip/event: _____
(Report as decimal part of hour to hundredth)*

Gross amount due to driver: _____ **hours X \$16.50 per hour =** _____

(The following conversions must be made, in order to determine the amount of the reimbursement check that needs to be sent to the Central Office)

**To convert hours/minutes to decimal equivalent, divide the number of minutes in excess of whole hours by 60. Round off to hundredths. Example: 6 hours and 20 minutes (6.20) would become 6.33 hours for pay calculations.*

Regular Driver: \$ _____ x 1.2013 = \$ _____
(Remit to Central Office)

Substitute Driver: \$ _____ x 1.0772 = \$ _____
(Remit to Central Office)

(Bus Driver Signature / Date)

(Principal / Designee Signature/Date)

****Purpose of Trip, Driver name, Hours and Principal's Signature must be filled out on this form. IN ORDER TO BE PROCESSED IN A TIMELY MANNER, THIS FORM MUST BE GIVEN TO THE SCHOOL'S APPROPRIATE BOOKKEEPER.**

*****Please note that this form, along with the school's reimbursement check, must be submitted with the school's monthly payroll in order for the driver to be paid on time.**

[To be printed on green paper] Form Expires on 9/30/19