



FIELD TRIP / ATHLETICS PAYROLL VOUCHER

Bus Driver's Name: \_\_\_\_\_ Trip: \_\_\_\_\_  
(Please Print Name)

Regular Driver: \_\_\_\_\_ Substitute Driver: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ School / Organization: \_\_\_\_\_

Destination: \_\_\_\_\_ Miles Traveled: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Total time on trip/event: \_\_\_\_\_  
(Round and report all time to the nearest quarter hour; such as .25, .50, .75)

\_\_\_\_\_  
(Bus Driver Signature / Date)

\_\_\_\_\_  
(Approval Signature / Date)

**Please Note: The Transportation Department will complete this section:**

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

(Please make sure to round and report all time to the nearest quarter hour.)

Regular Driver: \$ \_\_\_\_\_ x 1.212 = \$ \_\_\_\_\_  
(Remit to Central Office)

Substitute Driver: \$ \_\_\_\_\_ x 1.0765 = \$ \_\_\_\_\_  
(Remit to Central Office)

\_\_\_\_\_  
(Transportation Signature/Date)

**\*\*THIS FORM MUST BE COMPLETED ACCURATELY AND RETURNED TO THE DESIGNATED AREA AT THE TRANSPORTATION DEPARTMENT.**