



Henry County Board of Education



P.O. Box 635
Abbeville, AL 36310
334.585.2206 Phone
334.585.2551 Fax
www.henrycountyboe.org

FIELD TRIP / ATHLETICS PAYROLL VOUCHER

COUNTY SUPERINTENDENT, EXECUTIVE SECRETARY TO THE BOARD CHRIS PADGET

BOARD OF EDUCATION MEMBERS

DISTRICT I TIM McCRANEY

DISTRICT II EDDIE L. CHAMBERS SR.

DISTRICT III JEAN BUSH

DISTRICT IV MARY WIGGINS

DISTRICT V EMANUEL DAVIS

CHIEF SCHOOL FINANCE OFFICER MICHELLE ANDREWS

Bus Driver's Name: _____ Trip: _____
(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 1.212 = \$ _____
(Remit to Central Office)

Substitute Driver: \$ _____ x 1.0765 = \$ _____
(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.