**LANDER COUNTY SCHOOL DISTRICT MAINTENANCE**

**ACTIVITY & FIELD TRIP LOG**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DRIVER NAME | RATE PER MILE | # OF  MILES | TOTAL | TOTAL HOURS DRIVING | LAYOVER $10 PER HOUR  $150 MAX PER DAY | GRAND TOTAL |
|  | .32 |  |  |  |  |  |

BUS INSPECTION ½ HOUR @ \_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate

DESTINATION: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF THE TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MILEAGE READING: Beginning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARRIVE DESTINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEAVE DESTINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DROP OFF TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF ADULTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BREAKFAST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LUNCH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DINNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADVISOR’S SIGNATURE DRIVER’S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT ADVISOR’S NAME

If, during your inspection, mechanical or other problems are discovered, report this information on the “Request for Repair” form. Give completed report to the Director of Transportation.

DIRECTIONS

Driver and advisor are to complete their portions of this form upon completion of the trip and the driver is to turn it in to the Director of Transportation on the first work day following the trip. Director of Transportation will review all information for accuracy and forward the report to the Central Office Monday of each week.

For office use only

100-000- -920-52700-117 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

100-000- -920-52700-117-197=\_\_\_\_\_\_\_\_\_\_\_\_\_

100-000- -920-52700-580 =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DRIVING TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSPECTION TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_

MEAL TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRAND TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_