

Field Trip Bus Driver Timesheet

Date: _____

School: _____

Class or Group: _____

Destination: _____

Bus Number: _____

Bus Driver: _____

ID# or Last Four Digits of SS#: _____

Bus Pick-Up Time: _____

Bus Drop-Off Time: _____

Hours to be paid: _____

Odometer Reading before leaving Bus Garage: _____

Odometer Reading once returned to Bus Garage: _____

Complete this form and return to
Lead Teacher or Bookkeeper at the school level.