



DADE COUNTY PUPIL TRANSPORTATION DRIVER EXPENSE REPORT

Today's Date: ____/____/____ Trip Date: ____/____/____

School: Davis ____ Dade Elementary ____ Dade Middle ____ DCHS ____

Driver: _____ Bus Number: _____

Trip Sponsor and Grade level: _____

Departure Time: _____ Return Time: _____

Total trip mileage: _____ Date Faxed: ____/____/____

Driver's Signature: _____

Route complete - Trip Sponsor Signature: _____

School must complete this section:

1. Driver pay: \$10.00 per hour x ____ hours = \$ ____ (Minimum \$40.00)

2. Substitute Driver cost (If Any) = \$ _____

3. Meals (If Any) = \$ _____

4. Total reimbursement (1+2+3) = \$ _____

5. Check One: ____ Check Enclosed ____ Deduct from School Allotment

6. Purchase order # _____ Date: ____/____/____