



South Nodaway R-IV School District Bus Request

TODAY'S DATE: _____ DATE OF TRIP: _____

GROUP: _____

OF BUSES: _____ # OF STUDENTS: _____ SPONSOR: _____

DESTINATION: _____ STOPS PLANNED: _____

Total Mileage on trip _____ X \$.50 = \$ _____

_____ Miles / 9 x Diesel \$2.43 a gallon = \$ _____

Estimated Departure Time: _____ a.m. p.m.

Estimated Return Time: _____ a.m. p.m.

Total Driver's Time: _____ hrs. X \$12.75 = \$ _____

GRAND TOTAL EXPENSE OF TRIP: \$ _____

APPROVED BY: _____

(Administrator)

(This section to be completed by the bus company.)

Bus # _____

Driver: _____

Departure Time: _____ a.m. p.m.

Ending Mileage Reading: _____

Return Time: _____ a.m. p.m.

Beginning Mileage Reading: _____

Total Driver's Time: _____

Total Mileage on Trip: _____

Total amount due for trip: _____

Driver's Signature: _____