FIELD TRIP TRANSPORTATION REPORT FORM
SYLACAUGA CITY BOARD OF EDUCATION
Sylacauga, Alabama

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To be completed by Bus Driver

Name of School ______________________ Date of Trip ______________________

Destination ______________________

Departure Time ______________________ Return Time ______________________

Odometer reading at end of trip ____________
Odometer reading at beginning of trip ____________
Total miles ____________

Driver's Signature ______________________ Sponsor's Signature ______________________

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To be completed by Transportation Supervisor

Number of hours on trip ____________ Cost for driver ____________

Number of miles traveled ____________ Cost for mileage____________