

# NRHEG PUBLIC SCHOOLS ISD #2168

## MONTHLY BUS REPORT

Bus Driver's Full Name \_\_\_\_\_ Bus # \_\_\_\_\_ Month: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ Ending \_\_\_\_\_

\*Meals: Attach receipts to "Claim for Reimbursement" form. Beginning \_\_\_\_\_

### #720 Regular Route #725 School Shuttle

**Number of Routes in Month** \_\_\_\_\_

**Route Info:** \_\_\_\_\_

Indicate who drove for you or who you drove for below

Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>
Date _____	AM/PM _____	Sub/Org Driver _____	<input type="checkbox"/>

**Number of Shuttles in Month** \_\_\_\_\_

**Shuttle Info:** \_\_\_\_\_

Indicate who drove for you or who you drove for below

Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____
Date _____	AM/PM _____	Sub/Org Driver _____

### #717 Sports Shuttle

**Number of Trips in Month** \_\_\_\_\_ (For Sport Shuttles NR to Ell, Ell to NR)

Fin Code #	Extra Curricular #733	Handicap & ECSE #723	NR Field Trip #301-734	Ell Field Trip #102-734	*Must write down miles to each event			
Fin Code	Date	Start Time	Stop time	Hours	Destination	Event	Bus #	Miles

I declare under the penalties of law that this claim is just and correct and that no part of it has been paid.

\_\_\_\_\_ Bus Driver Signature

\_\_\_\_\_ Superintendent's Signature