



St. Mary's County Public Schools  
Department of Transportation

## PROGRAM TRIP INVOICE

**TRIP #** \_\_\_\_\_

**INVOICE #** \_\_\_\_\_

Contractor: \_\_\_\_\_

Bus Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Group: \_\_\_\_\_ Bus type needed:  Regular  Special Needs

Date of Trip: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Overnight Trip?  YES     
 Take over trip only?  YES     
 Return trip only?  YES

Please explain: \_\_\_\_\_

Trip Origination (i.e., school): \_\_\_\_\_

TO Destination: \_\_\_\_\_

BUS ORIGATION (i.e., bus depot)

BUS ENDING LOCATION (i.e., bus depot)

BUS DRIVER TIMESHEET	
Time trip began:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Time trip ended:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Odometer start mileage:	
Odometer end mileage:	

COMMENTS

TRIP CHARGES		
Driver's hours:	@\$	=\$
Attendant's hours:	@\$	=\$
Mileage:	@\$	=\$
Permit Fee: \$	@\$	=\$
Parking Fee: \$	@\$	=\$
Tolls: \$	@\$	=\$
	<b>TOTAL</b>	=\$

OTHER CHARGES/PLEASE EXPLAIN:

\_\_\_\_\_  
Bus Driver or Contractor *signature*

\_\_\_\_\_  
Date