



Grand View School

Home of the Chargers

School Bus Activity Trip Form

Trip Date

Driver Name

Bus Number

Activity: _____ *Location:* _____

Travel Times *Departure:* _____ *Return:* _____

Start Odometer: _____ *End Odometer:* _____

Total Activity Miles Driven: _____

This document must be submitted to the Grand View School district office within ten (10) days of finishing a trip to be eligible for the \$25.00 trip payment.

Driver Signature

Administrator Signature

Date Submitted