

**DRIVER'S ACTIVITY TRIP REPORT**

Bus No. \_\_\_\_\_ Date \_\_\_\_\_

Driver's Name \_\_\_\_\_

Trip to \_\_\_\_\_ Exact Departure Time \_\_\_\_\_ Est. Return Time \_\_\_\_\_

Organization Using Bus \_\_\_\_\_

Gas - Gallons \_\_\_\_\_

(Will be completed by Director of Transportation)

Return Mileage \_\_\_\_\_

Starting Mileage \_\_\_\_\_

Total Miles \_\_\_\_\_

Driver's Signature \_\_\_\_\_

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Route Travel Assignment \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Director of Transportation

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**PRE-TRIP INSPECTION FOR EXTRA TRIPS**

Fuel \_\_\_\_\_

Oil \_\_\_\_\_

Water \_\_\_\_\_

Tires \_\_\_\_\_

Lights \_\_\_\_\_

Windshield Wipers \_\_\_\_\_

Brakes \_\_\_\_\_

**Driver is required to return this form to Director of Transportation after completing the activity trip.**