

IBERIA PARISH SCHOOL BOARD

BUS FIELD TRIP REPORT

CIRCLE the Applicable Position *REQUIRED*

Bus Driver	Substitute Bus Driver
Bus Attendant	Substitute Bus Attendant

**Please complete this form for each bus driver hired by your school for any field trips.

****Original** completed form must be turned in to supervisor for approval by the **last working day** of the month or payment **will** be delayed.

If **School Funds are used to pay for this field trip, please forward the **individual driver reports** and a **check** for the total amount to be paid to all drivers to the **Payroll Department** by the end of each month .

CIRCLE	TITLE I - #84.010A	TITLE I SI - #84.010A	TITLE III - #84.365A	TITLE II - #84.367A	MIGRANT - #84.011A	C PERKINS - #84.048	JAG - #93.558
PROGRAM:	OTHER FEDERAL _____	-CFDA# _____	OTHER NON-FEDERAL _____				IDEA B - #84.027A

SCHOOL: _____ ACTIVITY: _____ MONTH: _____

NAME: _____ BUS NUMBER: _____ EMPLOYEE ID #: _____ PHONE #: _____
SS# ONLY IF NEW HIRE

SUBSTITUTE'S NAME : _____ BUS NUMBER: _____ SUB'S EMP. ID #: _____ PHONE #: _____
(IF APPLICABLE) SS# ONLY IF NEW HIRE

DATE	TIME		FROM	TO	# OF STUD.	# OF CHAP.	AMOUNT	SPED USE ONLY	
	BEGIN	END						PRINT NAME OF SPED PERSONNEL DESIGNATED BY PRINCIPAL*REQUIRED*	SIGNATURE OF SPED PERSONNEL DESIGNATED BY PRINCIPAL*REQUIRED*
	1	:						:	
2	:	:							
3	:	:							
4	:	:							
5	:	:							
6	:	:							
7	:	:							
8	:	:							
9	:	:							
10	:	:							
TOTAL							\$ -		

**I HEREBY CERTIFY THAT FOR THE DATES LISTED ABOVE, I SPENT 100% OF MY TIME ON THE PROGRAM INDICATED. THIS INFORMATION IS AN AFTER-THE FACT DETERMINATION OF THE TOTAL ACTIVITY AND ACTUAL EFFORT EXPENDED FOR THE PERIOD INDICATED, AND I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES.*

*Bus Personnel Signature: _____ DATE: _____ Transportation Dept. Approval: _____

Approved by Principal/Designee: _____ DATE: _____

FOR PAYROLL DEPARTMENT USE ONLY	OTHER DEPARTMENT USE -PROGRAM SUPERVISOR PAYMENT APPROVAL
STIP _____ R ____ L ____	APPROVED BY: _____ DATE: _____
TRNX _____ IPSB _____	ACCOUNT #: -X- - - - -