

ACTIVITY DRIVING
Report/Invoice

Date: _____ Phone: _____

Driver's Name: _____

Group or Activity: _____ Sponsor: _____

Destination: _____

Departure Time: _____ Time Home: _____

Extra Stops: _____

Bus Used: _____

Destination Miles: _____ Other Miles: _____ Total: _____

Gallons Used: _____ Actual Time: _____ Hours

Contract: \$ _____

Other Expenses: \$ _____ (Attach Receipts)

Total: \$ _____

Driver's Signature

Principal's Signature

Office Use

Payroll Date: _____ Payroll Total: _____

Approved By: _____