

**Mingo County Schools**  
**Bus Operator - Payment for Extra Service Form**

Trip ID # \_\_\_\_\_

School \_\_\_\_\_  
 Check No. \_\_\_\_\_

Name \_\_\_\_\_  
 Employee No \_\_\_\_\_

**Bus Driver Verification**

Destination \_\_\_\_\_  
 Date of Trip \_\_\_\_\_  
 Activity/Group \_\_\_\_\_  
 Departure Time \_\_\_\_\_  
 Return Time \_\_\_\_\_  
 Routes Taken \_\_\_\_\_  
 Bus Number \_\_\_\_\_  
 No. of Students \_\_\_\_\_  
 Miles (Round Trip) \_\_\_\_\_  
 No. of Hours \_\_\_\_\_  
 Operator's  
 Signature \_\_\_\_\_

1/7 Daily Rate \_\_\_\_\_  
 Hours Reported \_\_\_\_\_  
 Amount to be Paid \_\_\_\_\_  
 Matching FICA 7.65% \_\_\_\_\_  
 Workers Comp 5.50% \_\_\_\_\_  
 Old Retirement 15.00% \_\_\_\_\_  
 New Retirement 7.50% \_\_\_\_\_  
 Total to be Paid \_\_\_\_\_  
 Names of Sponsors/Chaperones  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

\*List students on reverse of form\*

(FOR CENTRAL OFFICE/SCHOOL USE ONLY)

Please mark the funding source as well as the amount to be paid from each fund.

Paid for by the School 11.00589.91980.122. _____	_____
• School Check #: _____	_____
Athletic 11.95516.12791.122. _____	_____
Gear UP _____	_____
CTE _____	_____

Funding source must be completed prior to submitting form for payment.

Signed \_\_\_\_\_  
 (Principal)  
 Date \_\_\_\_\_

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List all students riding the bus.

1.	36.
2.	37.
3.	38.
4.	39.
5.	40.
6.	41.
7.	42.
8.	43.
9.	44.
10.	45.
11.	46.
12.	47.
13.	48.
14.	49.
15.	50.
16.	51.
17.	52.
18.	53.
19.	54.
20.	55.
21.	56.
22.	57.
23.	58.
24.	59.
25.	60.
26.	61.
27.	62.
28.	63.
29.	64.
30.	65.
31.	66.
32.	67.
33.	68.
34.	69.
35.	70.

All state and county policies are to be observed. No one is to ride the bus unless his or her name is listed on this form. Indicate any person who did not return on the bus. Thank you for your cooperation and have a safe trip.