

Mingo County Schools Trip ID # _____
Bus Operator - Payment for Extra Service Form

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.

- Extra/Co Curricular 11.00689.12791.122. _____
- Paid for by the School 11.00989.91980.122. _____
- Athletic 11.00614.12791.122. _____
- 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.