

Garrett County Public Schools Athletic, Extracurricular and Field Trips

Section A: (Completed Prior to Trip)

Invoice # _____

Bus Company _____ Bus Number _____

Name of School _____ Date _____

Name of School Contact _____ Phone # _____

Group/Organization/Team _____ Driver _____

Destination and Purpose _____

Section B: (Completed During Trip)

	Time	Odometer Reading
Beginning of Trip	_____	_____
Departure from School	_____	_____
Return to School	_____	_____
Completion of Trip	_____	_____

Coach/Sponsor Signature _____ Driver's Signature _____ Bus Number _____

Section C: (Completed by Contractor after Trip)

Total Rate:	Rate per hour:	Total Cost:
Flat Rate		= _____
Driver's Hours _____ @ _____		= _____
Bus Miles _____ @ _____		= _____
Tolls/Parking/Permits _____ @ _____		= _____
		= _____
		Grand Total

Signature of Contractor: _____

Signature for Approval of Payment

Verification of Payment Calculation and Invoice: _____

Signature: _____ Date: _____

Budget Code: _____

White—Contractor Submits to School or BOE **Yellow**—Contractor Copy