

COACH/SPONSOR DRIVING PAY REQUEST

Account Code: 199-34-6128-01-999-199000

All school personnel must use this form to request payment for activity trip driving. Qualifying trips must require possession of a CDL for operation of a school vehicle with 15+ passengers.

Date of Activity	Activity or Event Description	\$40.00 per Activity/Trip
TOTAL AMOUNT REQUESTED		\$

Printed Name Employee I.D. # Date

Employee Signature

The following must be completed prior to submission to Payroll Department for payment:

Vehicle # _____

Beginning Mileage _____ Ending Mileage _____

#Students Transported _____

___ Vehicle cleaned up, trash removed, aisles swept.

___ Damage Report

 ***Existing Damage _____

 ***New Damage _____

___ Key returned to: _____ Date: _____

___ Submit to the Office of Athletic Director/Campus Administrator

APPROVED BY:

Principal/Athletic Director

Support Services Verification