

## COACH/SPONSOR DRIVING PAY REQUEST

Account Code: 199-34-6128-01-999-299000

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
<b>TOTAL AMOUNT REQUESTED</b>		<b>\$</b>

\_\_\_\_\_  
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