

Caldwell County Schools Auxiliary Services-Transportation	Ref. Board Policy 4440 Ref NCAC	A-4420-B
--	------------------------------------	----------

**BUS DRIVER'S REPORT**  
**EXTRA TRANSPORTATION**

**(To Be Returned to the Transportation Department Following the Completion of Each Trip)**

**(Use One Form For Each Bus)**

Date \_\_\_\_\_ Bus Number \_\_\_\_\_

School \_\_\_\_\_

Destination \_\_\_\_\_

Speedometer Readings: Ending: \_\_\_\_\_

Beginning: \_\_\_\_\_

Total miles bus used this trip: \_\_\_\_\_

Position Driver is employed in: \_\_\_\_\_  
(School Employee, or Regular Driver)

Driver's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_