EDUCATIONAL & EXTRA CURRICULAR TRIP INVOICE (i.e. – Ballgames, Field Trips)

MONTH/YEAR_____ **DRIVER NAME**_____**SIGNATURE**_____

DATE	SCHOOL	DEPT/ GRANT/ GRADE TO BE CHARGED	DESTINATION/ PURPOSE OF TRIP	MILEAGE-DEPART	MILEAGE-RETURN	TOTAL MILES	TIME-DEPART	TIME-RETURN	TOTAL HOURS TO BE PAID	CODE (CENTRAL OFFICE USE)
Example: 7/1/11	OCES	3rd Grade	Frankfort – Ky History Museum	100,000	100,060	60	8:30 AM	2:30 PM	6.0	
Example: 7/1/11	OCHS	Girls Basketball	Walton	100,060	100,150	90	6:00 PM	10:30 PM	4.5	