

RUSSELLVILLE SCHOOL DISTRICT

EXTRA TRIPS AND MEAL REIMBURSEMENT FOR THE MONTH OF: _____

DATE	ORGANIZATION	BUS#	DESTINATION	TIME DEPART	TIME RETURN	TOTAL HOURS	TOTAL COST

AMOUNT: _____

PRINT NAME: _____

DRIVER'S SIGNATURE: _____

TO TURN IN RECEIPTS FOR REIMBURSEMENT FOR DRIVER MEALS. PLEASE PAPERCLIP RECEIPTS TO THIS FORM.

TRANSPORTATIONS DIRECTOR'S SIGNATURE: _____

FOR PAYROLL USE ONLY

PAY/JOB CODE ACCOUNT #				AMOUNT
ATHLETICS/CHEER/DRILL	2722	45	2000-2799-000-115-00-61220	
STUDENTS ACTIVITIES	2722	45	2000-2720-000-116-00-61220	
SPECIAL NEEDS	2722	45	2000-2720-000-200-00-61220	