SPARE BUS DRIVER SHEET

Transportation Summary for the week of _____

Driver's Name: _____

SUBSTITUTING:

Date	No. of Trips	Deduct From	Day Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOW JOBS, EVAC DRILLS, ETC.

Date	Nature of Trip	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Driver's Signature

_____ Date

_____ Supervisor's Signature