



# Bus Driver Charter Claim Form

<b>Driver Name</b>		<b>Employee No.</b>	
Charge to acct: _____		<b>Bus No.</b>	

**A.**

Please indicate:  Regular Route Bus Driver  Casual/Spare Bus Driver  
*Complete sections A & B* *Complete sections A & C*

<b>School</b>		<b>Date of Charter</b>	
<b>Grade</b>		<b>Supervising Teacher</b>	
<b>Destination</b>			
<b>Activity</b>			
<b>No. of wheelchairs</b>			

**B.**

**Regular Route Bus Driver** – please indicate whether you drove your route today:

- Yes** (*charter trip starts and ends at the school*). Please complete section below.
- No** (*charter trip starts and ends where you pick up and drop off your bus*). Please complete section below.

Odometer reading at start of charter trip (km)	
Start time of charter trip	
Odometer reading at arrival at school at end of charter trip (km)	
Time of arrival at school at the end of charter trip	

Personal travel to pick up and drop off spare bus (km)	
Odometer reading at start of charter trip (km)	
Start time of charter trip	
Odometer reading at parking of bus at the end of charter trip (km)	
Time of parking bus at the end of charter trip	

**C.**

**Casual Bus Driver** – please complete.

Personal travel to pick up and drop off spare bus (km)	
Odometer reading at start of charter trip (km)	
Start time of charter trip	
Odometer reading at parking of bus at the end of charter trip (km)	
Time of parking bus at the end of charter trip	

\_\_\_\_\_  
**Bus Driver Signature**

\_\_\_\_\_  
**Teacher Signature**

Fax completed forms to the bus garage 306-374-2862 or email [christine.dziadul@spiritsd.ca](mailto:christine.dziadul@spiritsd.ca)