

Jeff Davis Report of Mileage

Driver _____ Bus # _____ School Assignment _____

Contract Driver _____ or Board Fleet Driver _____ Special Ed. _____ or Regular Ed. _____

Bus Passenger Capacity _____ Year Model _____

Morning Trip to School

Physical address of where the bus is parked at night _____

Mileage reading where the bus is parked at night _____

Mileage reading at 1st pick-up _____ Time _____

Physical Address of 1st pick-up _____

Mileage reading at last school served _____ Time _____

Maximum number of riders on 1st morning run _____

Maximum number of riders on 2nd morning run _____

Maximum number of riders on 3rd morning run _____

Maximum number of riders on 4th morning run _____

Mileage reading at the location of where the bus is parked during the day _____

Physical address of where the bus is parked during the day _____

Afternoon Trip

Mileage reading where the bus is parked during the day _____

Mileage reading at 1st school _____ Time _____

Mileage reading at last student drop off _____ Time _____

Physical address of last student drop off _____

Maximum number of riders on 1st afternoon run _____

Maximum number of riders on 2nd afternoon run _____

Maximum number of riders on 3rd afternoon run _____

Maximum number of riders on 4th afternoon run _____

Mileage reading at the location where the bus is parked at night _____

I hereby certify that the above information is accurate and correct. Route mileage has been measured and recorded as required by the local and state procedures. I understand that inaccurate or incorrect measurement could result in actions as set forth in bulletin 1191, School Transportation Handbook.

Signature of Driver

Date

Signature of Principal

Date