

Bus Trip Payment Form

Escambia County Board of Education

***Provide copies of bus trip invoices and documents from bus shops**

School Name: _____

Total Amount Paid: \$ _____

Check Number: _____

Trips Being Paid: _____

Bus Driver Amount: \$ _____

Account Number: _____

Fuel Amount: \$ _____

Account Number: _____

Bus Driver Amount: \$ _____

Account Number: _____

Fuel Amount: \$ _____

Account Number: _____

Bus Driver Amount: \$ _____

Account Number: _____

Fuel Amount: \$ _____

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