

HALIFAX COUNTY SCHOOLS

Bus Reservation and Invoice Form

Please complete the section that applies to the bus you are reserving and submit copy to be forwarded to the
School Bus Garage at 252 583-2303

	School Bus **	Activity Bus**	# of Riders on Bus	Commercial Bus *
Date to Be Used				
Bus Number				_____ Company Name
Driver's Name				_____ Company Address

** Driver **MUST** have a current CDL B with school bus endorsement and a current HCS Transportation Department Drug Test.
* Commercial bus **MUST** be on the district's approved list.

DESTINATION: _____ TIME LEAVING SCHOOL _____
#OF CHAPERONES: _____ TIME RETURNING TO SCHOOL _____

Cost per mile for the Activity Bus is \$2.00
School bus cost to be determined based on current cost of fuel

CONTACT PERSON _____ PHONE _____

BILL TO: _____

ADDRESS: _____

NOTE: Activity Bus should be returned by 10:00 a.m. the day following a trip and be clean.

LATE RETURN FEE: \$25.00

BUS DIRTY FEE: \$25.00

Approval Signatures

Beginning Miles _____

Ending Miles _____

Miles Traveled _____

FEES _____

Mileage Cost _____

TOTAL COST _____

Principal _____
Signature Date

Program Director _____
Signature Date

Signature Date

Superintendent _____
Signature Date

BUDGET CODE FOR PAYMENT

Approved for payment by _____
Signature Title Date