

Wimberley Independent School District
Bus Driving Payroll Form

Employee Name _____

Date of Trip _____

Bus Number _____

Destination _____

Time Leaving WISD _____

Time Arrived at Destination _____

Driving Time _____

Time Leaving Destination _____

Time Arrived back at school _____

Driving Time _____

Total Time Driving Bus _____

Authorization

Athletic Director's Signature

Date

Business Manager's Signature

Date