

PLEASE PRINT!

**JEFFERSON PARISH SCHOOLS
TRANSPORTATION DEPARTMENT
DAILY TRIP SHEET - 10 or MORE STOPS**

Name of Driver: _____ Bus Number: _____

Name of School: _____ Does this sheet match your route in Versatran?
 Yes No

Trip No.: _____ **Time Trip Begins:** _____ **Time Trip Ends:** _____

		Mileage Reading Starting at Bus Garage/School			
BUDDY BUS #	STOP #	LOCATION	NO. OF STUDENTS	TIME	ODOMETER
	1				
	2				
	3				
	4				
	5				
	6				
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	30				

Copies To: Transportation Department School Driver