BUS NO. _____

MAKE _____

LIC. NO. _____

BUS DRIVERS DAILY TRAVEL REPORT (TRA –F087)

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
TRANSPORTATION SERVICES

Month of _____, 20_____

GRAND TOTAL MILES _____

This is a required State mandated document. It must be filled out accurately and legibly.
This document is due EVERY Friday. Do not combine weeks or multiple months on one page. Mileage must be placed under the appropriate category.

DATE	ODOMETER		SP. ED	REG.	CONCAP	BASIC	S/TRIP	ATHLETIC	*	TRAINING	PRINT
	BEGIN	END	MILES	MILES	MILES	MILES	MILES	MILES	MILES	MILES	DRIVER'S NAME

NO. OF DAYS USED: _____

*** Identify program type**