

**PENDLETON COUNTY SCHOOLS
BUS OPERATOR'S MONTHLY REPORT FORM
(SPARE BUS)**

Bus Operator: _____ Regular Bus Number: _____

School Month: Beginning _____ Ending: _____ No. of Days Operated: _____

ODOMETER READING: (*Example: 131.1, .2, .3, or .4 - would be 131 miles;
131.5, .6, .7, .8, .9 - would be 132 miles*)

End of Month: _____

Beginning of Month: _____

TOTAL Odometer Miles: _____

(This is your total mileage for the month and should equal a-e below)

RECAP OF ODOMETER MILEAGE:

a. Regular Route Mileage (*Loaded, Empty, Misc.*): _____

b. Curricular Mileage (*Field Trips*): _____

c. Extra-Curricular Mileage (*Athletic/Activity/Band*): _____

d. Vocational Route Mileage (*Regular & Alternative*): _____

e. Other: (*To /From for Repair, Contracted, Misc., etc.*): _____

TOTAL (*a-e should equal Total Odometer Miles above*): _____

FUEL USAGE: Gallons of Fuel Used: Diesel: _____ Gasoline: _____

Quarts of Oil Used: _____

EMERGENCY EVACUATION DRILLS: (*One required first month of school*)

Date: _____ School(s) Served: _____

FOR OCTOBER REPORT ONLY:

_____ TOTAL PUPILS TRANSPORTED (Do not include any who initially board another bus and transfer to yours.)

_____ TOTAL TYPE "C" PASSENGERS TRANSPORTED

_____ TOTAL CONTRACT PUPILS TRANSPORTED

_____ TOTAL CONTRACT VEHICLES

_____ I certify that I completed the pre/post trip inspection on this bus on each trip assigned this month.

SIGNATURE OF BUS OPERATOR: _____