



Transportation Department  
**Bus Service Repair Record**

Bus #: \_\_\_\_\_ Driver: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print Name*

**Section A** *(To be completed by supervisor for scheduled monthly bus service time.)*

Scheduled bus service: \_\_\_\_\_  
*Time*

Driver arrived at garage: \_\_\_\_\_  
*Time*

Supervisor released driver: \_\_\_\_\_  
*Time*

Yard bus: *(check one)* ☐ Yes ☐ No

\_\_\_\_\_  
*Supervisor's Signature (required for payment)*

\_\_\_\_\_  
*Driver's Signature (required for payment)*

**Section B** *(To be completed by supervisor for off-the-yard breakdown.)*

Problem with bus: \_\_\_\_\_

Garage received call: \_\_\_\_\_  
*Time*

Mechanic arrived at bus: \_\_\_\_\_  
*Time*

Mechanic released driver: \_\_\_\_\_  
*Time*

Route covered by another driver: *(check one)* ☐ Yes ☐ No

\_\_\_\_\_  
*Supervisor's Signature*

**Section C** *(To be completed by supervisor for other repairs.)*

Problem with bus: \_\_\_\_\_

Driver arrived at garage: \_\_\_\_\_  
*Time*

Supervisor released driver: \_\_\_\_\_  
*Time*

Yard bus: *(check one)* ☐ Yes ☐ No

\_\_\_\_\_  
*Supervisor's Signature (required for payment)*

\_\_\_\_\_  
*Driver's Signature (required for payment)*

**Section D** *(To be completed by Sr. Acct. Clerk.)*

Driver's SSN: \_\_\_\_\_

Extra time to be paid: \_\_\_\_\_

\_\_\_\_\_  
*Sr. Acct. Clerk*