



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: _____

Dr. Acct. Clerk