

West Central School Corporation

117 E. Montgomery Street
P.O. Box 578
Francesville, IN 47946

“Encourage Every Student Every Day” *Engage *Empower *Educate

Phone 219-567-9161
Fax 219-567-9761

Extra-Curricular Trip Driver Reimbursement Form

Date of Trip: _____ Group Taking Trip: _____

Beginning Time: _____ Odometer Beginning: _____

End Time: _____ Odometer Returning: _____

Destination: _____ Total Miles: _____

Trip Organizer Signature: _____ Date: _____

Driver Signature: _____ Date: _____

Drivers: Please submit this form to Central Office. The form will be processed and distributed to the correct person for payment.

Central Office Use Only:

Hours on Trip: _____

Amount Paid: _____

Date Processed: _____