TURTLE MOUNTAIN SCHOOL DIVISION	2 - Q

Transportation Summary for the week of _____

Driver's Name: _____

Location: _____

TOW JOBS, EVAC DRILLS, ETC.

Date	Nature of Trip	Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBSTITUTING

Date	No. of Trips	Deduct From	Day Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____   _____   _____
Driver's Signature   Date   Supervisor's Signature