

For Month of _____, 20__

To be filled out monthly

BILLING INVOICE
FOR SCHOOL BUS DRIVER TRAINING
BY CERTIFIED DELAWARE SCHOOL BUS DRIVER TRAINER

Please complete this form giving the name(s) of the new school bus driver applicant(s) and their employer as well as the dates of training. When a new applicant's employer is other than the Driver Trainer's employer, fill the box in on line 2. The training for each driver must be complete before they appear on a billing.

Name of Trainee	Date(s) of On Bus Training With Trainee Observing (2) hours	Date(s) of On Bus Driving With Trainer Only (2) hours	Date(s) of On Bus Driving With Children Aboard (2) hours	Amount Due Per Trainee
1.				\$ 60.00
2. (Employer)				\$ * \$
1.				\$ 60.00
2. (Employer)				\$ * \$
1.				\$ 60.00
2. (Employer)				\$ * \$
1.				\$ 60.00
2. (Employer)				\$ * \$

TOTAL AMOUNT DUE \$ _____

I AM A CONTRACTOR OR CONTRACTOR EMPLOYEE

Signature of CDSB Driver Trainer: _____

I AM A NONPUBLIC SCHOOL EMPLOYEE

Payment is to be made to: _____

I AM A NONPUBLIC SCHOOL CONTRACTOR

Complete mailing address: _____

I AM A DISTRICT EMPLOYEE

Social Security # (if CDSBDT is to be paid): _____

Employer ID # (if employer is to be paid): _____

The law requires 6 hours of on-bus training. It shall be scheduled as a minimum of 2 hours in each of the three categories. If the route is shorter than 2 hours, please indicate the additional dates and hours to make up the time (i.e. 3/23/05, 3:15 to 4:15 and 3/24/05, 3:15 to 4:15). It does not matter how much longer they drive or observe. It must be at least 2 hours in each space.

If an applicant quits or is found ineligible during training, you may still apply for payment for the time spent training. Be sure to fill in what dates and times the applicant did receive training with an explanation as to why all the blocks are not completed, such as “**QUIT**”, “**INELIGIBLE**”.

There will be an allowance of \$60.00 provided for each CDSB Driver Trainer. Payment will be made either to the CDSB Driver Trainer or to the CDSB Driver Trainer’s employer. If payment is made to the CDSB Driver Trainer, the social security number must be shown. If payment is made to the CDSB Driver Trainer’s employer, the Employer’s Federal Identification number must be shown.

*There may be times when the CDSB Driver Trainer must observe the trainee with children on a bus operated by the employer of the trainee who is other than the CDSB Driver Trainer’s employer. When this happens there will be an additional \$20.00 allowance to be indicated on the reverse side on *line 2. This will make the total under those circumstances \$60.00 plus \$20.00 for a total of \$80.00.

PLEASE RETURN THIS FORM WHEN COMPLETED AT THE END OF EACH MONTH TO YOUR LOCAL TRANSPORTATION SUPERVISOR WHO WILL SIGN AND FORWARD IT TO: STATE SUPERVISOR, SCHOOL TRANSPORTATION, DEPARTMENT OF EDUCATION, 401 FEDERAL STREET, TOWNSEND BUILDING, DOVER, DELAWARE 19901 FOR PAYMENT.

DISTRICT/CHARTER SCHOOL TRANSPORTATION SUPERVISOR

DATE