

Billing Invoice – School Bus Driver Re-Training by Certified Delaware Trainer

Name of School Bus Driver Trained:
Employer of School Bus Driver Trained:

This invoice is for Delaware CDSBDT to submit for training licensed Delaware School Bus Drivers in any of the following areas. **You can only submit for one training area per invoice.**

Proper Mirror Set-Up Training (Using Mirror Grid Training)	
Date School Bus Driver was trained on proper Mirror Set-Up	Date of Training:
Amount Owed to Trainer for Mirror Training \$25.50	TOTAL AMOUNT DUE:

Air Brake Restriction Removal Training for licensed School Bus Driver	
Date(s) School Bus Driver was trained for the skills required to pass an air brake restriction removal test.	Dates of Training:
	TOTAL AMOUNT DUE:

Post-Accident Training for School Bus Driver		
Date(s) School Bus Driver received post-accident re-training.	Dates of Training	
	Number of Hours (12 Hours Max)	
Hourly Rate Owed to Trainer for Post-Accident = \$25.50	TOTAL AMOUNT DUE (Hours x Hourly Rate)	

Certified Trainer Name: (print):	
Certified Trainer Employer:	
Signature of Certified Driver Trainer:	
Date of Submission:	

Please return this form to your district transportation supervisor upon completion of training. The supervisor will sign and forward it to DDOE.

DISTRICT TRANSPORTATION SUPERVISOR Signature

DATE