2018 Saints Bus Service Charters

PURPOSE OF TRIP			Daycare to the Weish Heritage Farm			Valla Bowling Alley	Daycale to Niighiis bowing Ancy			Dayrara to Fmma Kriimbee's	מול במור בס בוווים		
DRIVER	Cilvery			Neil Hanson			Kevin Olson				Kevin Olson		
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0114	BUS			24			20	07			22	77	
	INVOICE BUS IMILES HOURS			\$160.00			טט בטיף	585.00		Colt Contract Contrac	422000	2220.00	
	DESTINATION			I aka Crystal	Lanc Clystal			St. Peter			000000	Belle Plaine	
	CHSTOMFR			300000000000000000000000000000000000000	Golden Heart Daycale			Space	30 10			SP3C	
	DATE	DAIE			10/17/2018			0100/01/01	10/18/2010			10/19/2018	- los los

Saints Bus Service

(507) 934 - 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer

Ischaefer@stpeterschools.org

Date: 10/17/2018

Customer: SP3C

Bus Driver: Kevin O

Date of Trip: 10/18/2018

Pick up Location: 1616 Jefferson Avenue- Behind the Arbor View Apartments

Depart from pick up at: 11:15 am

Destination: King Pins Bowling Alley

Estimated Time Arriving Back: about 2:00 pm

Arrive back to: 1616 Jefferson Avenue

Contact Information for Charter Customer:

Mindy Lexvold

mlexvold@sp3c.org

SAINTS BUS SERVICE

CHARTER TIME CARD-LOG BOOK COMBINATION

1- 19-18
DRIVER: Kevin Olson DATE: 10-14-18 CUSTOMER: SP3C DESTINATION: King Pins Bowline BUS NUMBER: BB 16 TOTAL MILES: 8.9 START TIME: 10:00 END TIME: 1330 TOTAL HOURS: 1.5
POST TRIP DRIVER INSPECTION REPORT POST TRIP POWER STEERING FLUID TRANSMISSION FLUID OIL LEVEL COOLANT MASTER CYLINDER BELTS/HOSES TIRES/RIMS LIGHTS HORN WINDSHIELD WIPER PARKING BRAKE SEATS HEATERS CLEAN EMERGENCY EQUIPMENT STEERING MECHANISM EMERGENCY EXITS
(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEYOND 100 MILE RADIUS OF BUS GARAGE) TOTAL ESCENS Stepper Driving On Day On
Officially (2 3 4 5 6 7 8 9 10 11 NOGN L 2 3

DRIVER STATEMENT OF ON-DUTY HOURS

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INSTRUCTIONS: No signed statement	Notor carrie	s, when using	ng a driver n duty duri	for the first	time or intediately pred	ceding 7 day	, shall obtains and time	n from the at which th deral Moto	ne driver r Carrier
signed statement was last relieved	from duty R	rior to begin	nning work	for the mot	or carrier a	s per Part 3	95.0()/(2) 1 C	including W	ork for a
was last relieved Safety Regulation	s (FMCSR).	NOTE: Hou	irs for any o	compensated	d work durin	ig the prece	ding / days,	IIICiuums w	OTTO S
non-motor carrie	r entity, mus	st be recorde	ed on this fo	orm.					
non-motor carrie	/ Citalcy, in a								
Driver Name (Pri	nt): <u> </u>	ein C	150	7 (1-	ss: R	- Fndorse	ement(s):	58/1	PASS
Driver's License Restrictions:	Number: (Cx	461155	5996	(linenso)	100		Issu	ing State:	nn
Restrictions:	B/A	<u> </u>	Туре	of License:	60				
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							7	1	
DAY	1	2	3	4	5	6	7		
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	10-17	10-10	70-13	10211	0	,	11-	TOTAL HO	OURS
HOURS	1.5	11	1.5		9	1.0	9,5	29.0	<u>) </u>
	1/-	1							
		information	-iven abov	in is correct	to the best (of my knowl	edge and be	lief and tha	t I was
I hereby cer	rtify that the	information	given abov	ve is correct		i.			
last relieve	d from work	at:						1	
last reneve	1 /		0	10		17		18	-
	3:45		On						Year
	Time	~		Day		Month			Tear
-7	(10					10-18	1-18	
/ K	gen C	klu				-			
	Driver	's Signature						Date	
INSTRUCTION					must rono	rt to the car	rier all on d	uty time inc	cluding time
INSTRUCTION: working for of	S: When en	iployed by a	motor car	rier, a drive	found in Se	ction 395 2	(8)(9) of the	FMCSR's in	ncludes time
working for o	ther employ	ers. The def	finition of o	on duty time	iouna in se	vice of a c	ommon, coi	ntract or pr	ivate motor
	11 110	who in the ca	nacity (i).	of the cu	· P.O.		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
performing as carrier, also p	erforming a	ny compensa	ated work f	or any non-n	notor carrier	enercy.			<u></u>
								Yes	No
Are you curre	ntly working	; 101 another	Citipioyer					Yes	(No)
At this time,	do you inten	d to work fo	r another e	mployer wh	ile still empl	oyed by this	Company		
I hereby cert	ify that the	information	n given abo	ove is true	and I under	stand that	once I beco	is company	immediately
i nereby cer	hagin worki	ng for any a	dditional er	nployers for	compensati	on that I mu	ist inform th	iis company	immediately
of such empl	ovment acti	vity.							
or such empi	Cymene don	Total							
)					,	<u>.</u>	11	
\$, au	- Dal	lo-	_			0-18-	18	

Driver's Signature

Date

4.0 School Services

Saints Bus Service 2550 50th St. West Webster, MN 55088

phone: (507) 934 4690 fax: (507) 934 4691 lucas@fourpointo.com www.fourpointo.com

Bill To	
SP3C 600 S. 5th Streeet St. Peter, MN 56082 Attn: Kathy Link	

Invoice

Terms

P.O. No.

Date	Invoice #
11/1/2018	1746

	Description	Rate	Amount
Quantity		85.00	85.00 220.00
1	1 Canada Campana V mimbee's in Belle Fidille	220.00	220.00
	Please send payment to: Saints Bus Service PO Box 476 Saint Peter, MN 56082		
		Total	\$305

Saints Bus Service

(507) 934 - 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer

Ischaefer@stpeterschools.org

Date: 10/17/2018

Customer: SP3C

Bus Driver: Kevin O

Date of Trip: 10/19/2018

Pick up Location: 1616 Jefferson Avenue- Behind the Arbor View Apartments

Depart from pick up at: 9:30 am

Destination: Emma Krumbbes Apple Orchard

Estimated Time Arriving Back: about 2:00 pm

Arrive back to: 1616 Jefferson Avenue

Contact Information for Charter Customer:

Mindy Lexvold

mlexvold@sp3c.org

SAINTS BUS SERVICE

CHARTER TIME CARD-LOG BOOK COMBINATION

	10 18-18
DRIVER: Revia Olson	DATE: 10-19-18 DESTINATION: EMMA BRUMBERS
CUSTOMER: SP3C	
	TOTAL MILES: 6/-/
START TIME: 8:45 END TIME: 01:00	TOTAL HOURS: 4 HOURS
POSTTRIP DRIVER INSPECTION	ON REPORT POSTTRIP
TRANSMISSIO	ON FLUIDOIL LEVELCOOLANT
RELTS/HOSES	TIRES/RIMSLIGHTSHORN
WINDSHIELD WIPER PARKING BRAKE	SEATS HEATERS CLEAN
WINDSHIELD WIFER	G MECHANISMEMERGENCY EXITS
EMERGENCY EQUIPMENT	
DRIVER TIM	ELOG
(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEY	
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DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the motor carrier as per Part 395.8(j)(2) Federal Motor Carrier Safety Regulations (FMCSR). NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

non-motor carrie			ed on this fo	orm.					
Driver Name (Pri	nt): Hec	in l	1580					0	page 1
Driver's License	Number: <u></u>	2467	15.554	9612 Cla	iss: <u>B</u>	Endorse	ment(s):	455,55	1
Restrictions:	1/3		Туре	of License:	CD		lssu	ing State: MA	2
	/								
DAY	1 (Yesterday)	2	3	4	5	6	7		
DATE	10-18	1017	10-16	10-15	10-14	10-13	10-12	TOTAL HOURS	
HOURS	2.5	1.5	10.5	1.5		9.5	2.5	28	
						- f mar len quele	odge and he	lief and that I was	
I hereby ce	rtify that the	information	n given abov	e is correct	to the best (or my knowie	euge and be	lief and that I was	
last relieve	d from work	at:		,		18		18	
1.'_	30		On	10)	18			
	Time			Day		Month		Year	
12	en G	lan	/_			201/g 5 mg	10-1	9-10	-
	Driver	's Signature						Date	
working for of	INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on duty time including time working for other employers. The definition of on duty time found in Section 395 2(8)(9) of the FMCSR's includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.						notor		
Are you curre								Yes	NO
Δt this time. (lo you inten	d to work fo	r another er	mployer whi	le still emplo	oyed by this o	company?		No)
At this time, do you intend to work for another employer while still employed by this company? Yes No I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employers for compensation that I must inform this company immediately of such employment activity.									
Z	Jein C	Pelson					10-19	7-18	principal productive state.

Driver's Signature

Date

4.0 School Services

Saints Bus Service 2550 50th St. West Webster, MN 55088

phone: (507) 934 4690 fax: (507) 934 4691 lucas@fourpointo.com www.fourpointo.com

5. August Comp. 1700-1700	
Bill To	
SP3C 600 S. 5th Streeet St. Peter, MN 56082 Attn: Kathy Link	

Invoice

Terms

P.O. No.

Date	Invoice #
11/1/2018	1746

	Description	Rate	Amount
Quantity 1	October 18 (SP3C to the King Pins Bowling Alley) October 19 (SP3C to Emma Krumbee's in Belle Plaine) Please send payment to: Saints Bus Service PO Box 476	85.00 220.00	85.00 220.00
	Saint Peter, MN 56082		
		Total	\$305.00

Saints Bus Service

(507) 934 - 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer

Ischaefer@stpeterschools.org

Date: 10/17/2018

Customer: Golden Heart Daycare

Bus Driver: Neil H

Date of Trip: 10/17/2018

Pick up Location: 1825 Commerce Dr, North Mankato, MN 56003

Depart from pick up at: 9:30 am

Destination: Welsh Heritage Farm

Estimated Time Arriving Back: about 12:00 pm

Arrive back to: Golden Heart Daycare

Contact Information for Charter Customer:

DeAnne Hill

DJhill@taylorcorp.com

SAINTS BUS SERVICE CHARTER TIME CARD-LOG BOOK COMBINATION

DRIVER: NEIL KANSON DATE: 10-17-18 CUSTOMER: GOIDEN HEART DAYCARE DESTINATION: WEISA HEARTA FARMS BUS NUMBER: #24 START TIME: 900 AM END TIME: 1200 PM TOTAL HOURS: 3HR
POST TRIP DRIVER INSPECTION REPORT POST TRIP POWER STEERING FLUID
(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEYOND 100 MILE RADIUS OF BUS GARAGE) Strong 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 12 TOTALEDERS Shaper 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OFFISH STALEGERS SINDER STATE STAT

DRIVER STATEMENT OF ON-DUTY HOURS

INSTRUCTIONS: Motor carriers, when using a driver <u>for the first time or intermittently</u>, shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which the driver was last relieved from duty prior to beginning work for the motor carrier as per Part 395.8(j)(2) Federal Motor Carrier Safety Regulations (FMCSR). NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

non	-motor carrie	er entity, mu	st be recorde	ed on this f	form.					
Driv	ver Name (Pri	int):	EIL H	ANSON)					
Driv	er's License	Number:	134714	102195	5/4 CI	lass: <u>B</u>	Endorse	ement(s):	Mc/SB/P/AIRBRAKE	
Res	trictions:	None		Туре	e of License:	<u>C0</u>	<u>L</u>	lssu	uing State: MN	
	DAY	1 (Yesterday)	2	3	4	5	6	7		
	DATE	10-16-18	10-15-18	10-14-18	10-13-18	10-12-18	10-11-18	10-10-18		
	HOURS	2	2	0	0	2	7	2	TOTAL HOURS	
	last relieved	d from work				to the best o	of my knowle	edge and be	lief and that I was	
	80	0 km		On			Month		Year	
	Time			Day Month					7-18	
	,	Driver's	s Signature					Date		
w pe		her employe y other wor erforming an	rs. The define the cap y compensat	nition of o acity of, o ed work fo	n duty time or in the em	tound in Sec oploy or serv	rtion 395 2(8 vice of, a co	5)(9) of the	rity time including time FMCSR's includes time tract or private motor Yes	
					nplover whil	le still emplo	yed by this c	ompany?	Yes Nig	
At this time, do you intend to work for another employer while still employed by this company? Yes I hereby certify that the information given above is true and I understand that once I become employed with t company, if I begin working for any additional employers for compensation that I must inform this company immediat of such employment activity.									ne employed with this company immediately	
	Mi	I Afr			_		10	-17-18	3	

Driver's Signature

Date

4.0 School Services

Saints Bus Service 2550 50th St. West Webster, MN 55088

phone: (507) 934 4690 fax: (507) 934 4691 lucas@fourpointo.com www.fourpointo.com

Bill To	
Golden Heart Daycare 1825 Commerce Dr North Mankato, MN 56003	

Invoice

Terms

P.O. No.

Date	Invoice #
11/1/2018	1747

	Description	Rate	Amount
Quantity 1	October 17 (Golden Heart Daycare to the Welsh Heritage Farm)	160.00	160.00
	Please send payment to: Saints Bus Service PO Box 476 Saint Peter, MN 56082		
		Total	\$160.