

2018 Saints Bus Service Charters

DATE	CUSTOMER	DESTINATION	INVOICE	BUS	MILES	HOURS	DRIVER	PURPOSE OF TRIP
10/17/2018	Golden Heart Daycare	Lake Crystal	\$160.00	24	49.00	3.00	Neil Hanson	Daycare to the Welsh Heritage Farm
10/18/2018	SP3C	St. Peter	\$85.00	26	8.90	2.50	Kevin Olson	Daycare to Kingpins Bowling Alley
10/19/2018	SP3C	Belle Plaine	\$220.00	22	61.10	4.00	Kevin Olson	Daycare to Emma Krumbie's

Saints Bus Service (507) 934 – 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer lschaefer@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

DRIVER: Kevin Olson
 CUSTOMER: SP3C
 BUS NUMBER: 26
 START TIME: 11:00 END TIME: 1:30

DATE: 10-17-18
 DESTINATION: King Pias Bowling
 TOTAL MILES: 8.9
 TOTAL HOURS: 2.5

POST TRIP DRIVER INSPECTION REPORT POST TRIP

- POWER STEERING FLUID
- MASTER CYLINDER
- WINDSHIELD WIPER
- EMERGENCY EQUIPMENT
- TRANSMISSION FLUID
- BELTS/HOSES
- PARKING BRAKE
- STEERING MECHANISM
- OIL LEVEL
- TIRES/RIMS
- SEATS
- EMERGENCY EXITS
- COOLANT
- LIGHTS
- HEATERS
- HORN
- CLEAN

DRIVER TIME LOG

(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEYOND 100 MILE RADIUS OF BUS GARAGE)

off duty Mileage	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
	[Vertical tick marks]																							_____
Sleeper Bench	[Vertical tick marks]																							_____
Driving	[Vertical tick marks]																							_____
On Duty not driving	[Vertical tick marks]																							_____

off duty Mileage	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
	[Vertical tick marks]																							_____
Sleeper Bench	[Vertical tick marks]																							_____
Driving	[Vertical tick marks]																							_____
On Duty not driving	[Vertical tick marks]																							_____

Invoice

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

Date	Invoice #
11/1/2018	1746

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

P.O. No.	Terms

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

Saints Bus Service (507) 934 – 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer lschaefer@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

DRIVER: Kevin Olson
 CUSTOMER: SP3C
 BUS NUMBER: 22
 START TIME: 8:45

DATE: 10-19-18
 DESTINATION: Emma Rumblees
 TOTAL MILES: 61.1
 END TIME: 01:00 TOTAL HOURS: 4 Hours

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

DRIVER TIME LOG

(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEYOND 100 MILE RADIUS OF BUS GARAGE)

	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
off duty w/vehicle																								_____
Sleep or rest																								_____
Driving																								_____
On Duty not driving																								_____

	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
off duty w/vehicle																								_____
Sleep or rest																								_____
Driving																								_____
On Duty not driving																								_____

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.

Driver Name (Print): Kevin Olson
 Driver's License Number: D467155599617 Class: B Endorsement(s): PASS, SB
 Restrictions: A/B Type of License: CDL Issuing State: MN

DAY	1 (Yesterday)	2	3	4	5	6	7	
DATE	10-18	10-17	10-16	10-15	10-14	10-13	10-12	
HOURS WORKED	2.5	1.5	10.5	1.5	—	9.5	2.5	TOTAL HOURS 28

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at:

1:30 On 10 18 18
 Time Day Month Year

Kevin Olson 10-19-18
 Driver's Signature Date

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.

Are you currently working for another employer? Yes 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.

Kevin Olson 10-19-18
 Driver's Signature Date

Invoice

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

Date	Invoice #
11/1/2018	1746

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

P.O. No.	Terms

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

Saints Bus Service (507) 934 – 4690

407 Ritt Street

Saint Peter, MN 56082

Manager: Lucas Schaefer lschaefer@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 HANSON DATE: 10-17-18
 CUSTOMER: GOLDEN HEART DAYCARE DESTINATION: WEISS/KAPPA FARMS
 BUS NUMBER: #24 TOTAL MILES: 49
 START TIME: 9:00AM END TIME: 12:00PM TOTAL HOURS: 3HR

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

DRIVER TIME LOG

(IF TRIP EXCEEDS 12 HOURS OR EXTENDS BEYOND 100 MILE RADIUS OF BUS GARAGE)

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	[Vertical tick marks]																							_____
Sleep Rest	[Vertical tick marks]																							_____
Driving	[Vertical tick marks]																							_____
On Duty not driving	[Vertical tick marks]																							_____

off duty Mileage	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
	[Vertical tick marks]																							_____
Sleep Rest	[Vertical tick marks]																							_____
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On Duty not driving	[Vertical tick marks]																							_____

DRIVER STATEMENT OF ON-DUTY HOURS

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Driver Name (Print): NEIL HANSON
 Driver's License Number: Q347140219514 Class: B Endorsement(s): MC/SB/A/AIR BRAKE
 Restrictions: None Type of License: CDL Issuing 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 WORKED	2	2	0	0	2	7	2	TOTAL HOURS 15

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at:

800 pm On 17 10 2018
 Time Day Month Year
Neil Hanson 10-17-18
 Driver's Signature Date

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.

Are you currently working for another employer? Yes 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.

Neil Hanson 10-17-18
 Driver's Signature Date

Invoice

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Date	Invoice #
11/1/2018	1747

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

P.O. No.	Terms

Quantity	Description	Rate	Amount
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			\$160.00