

SUBSTITUTE BUS DRIVERS
Report/Invoice

Date: _____ Phone: _____

Substitute's Name: _____

Address: _____

SSN: _____

Substituted:	Route	For	_____	Date	_____
	Route	For	_____	Date	_____
	Route	For	_____	Date	_____
	Route	For	_____	Date	_____

Substitute Bus Driver's Signature

Principal's Signature

Office Use _____

Total Number of Routes _____ @ Rate \$15.43 = Total _____

Payroll Date: _____ Payroll Total: _____

Approved By: _____