

SUBSTITUTE BUS DRIVERS  
REPORT / INVOICE

Date: \_\_\_\_\_

Substitute's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Substituted: Route # \_\_\_\_\_ For \_\_\_\_\_ Date: \_\_\_\_\_

Route # \_\_\_\_\_ For \_\_\_\_\_ Date: \_\_\_\_\_

Route # \_\_\_\_\_ For \_\_\_\_\_ Date: \_\_\_\_\_

Route # \_\_\_\_\_ For \_\_\_\_\_ Date: \_\_\_\_\_

Route # \_\_\_\_\_ For \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Substitute Driver's Signature

\_\_\_\_\_  
Principal's signature

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OFFICE USE

Total Number of Routes: \_\_\_\_\_ @ Rate \$28.57 = Total \_\_\_\_\_

Payroll Date: \_\_\_\_\_

Payroll Total: \_\_\_\_\_

Approved by: \_\_\_\_\_