

SUBSTITUTE CAFETERIA WORKER
Report/Invoice

Date: _____

Phone: _____

Substitute's Name: _____

Address: _____

SSN: _____

Substituted: _____	Hours	For _____	Date: _____
_____	Hours	For _____	Date: _____
_____	Hours	For _____	Date: _____
_____	Hours	For _____	Date: _____

Substitute's Signature

Principal's Signature

Office Use

Total Number of Hours _____ @ Rate \$7.25 = Total _____

Payroll Date: _____

Payroll Total: _____

Approved By: _____