

SUBSTITUTE TEACHERS  
Report/Invoice

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

Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_

Substituted: _____	Days	For _____	Date: _____
_____	Days	For _____	Date: _____
_____	Days	For _____	Date: _____
_____	Days	For _____	Date: _____

\_\_\_\_\_  
Substitute Teacher's Signature

\_\_\_\_\_  
Principal's Signature

Office Use

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Total Number of Full Days \_\_\_\_\_ @ Rate \$60.00 = Total \_\_\_\_\_

Total Number of Half Days \_\_\_\_\_ @ Rate \$30.00 = Total \_\_\_\_\_

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

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

Approved By: \_\_\_\_\_