

# EAST GUERNSEY LOCAL SCHOOL DISTRICT PAYROLL INVOICE

NAME (print): \_\_\_\_\_ SOCIAL SECURITY # (optional) \_\_\_\_\_

*(This form to be used for employee and substitute compensation)*

DESCRIPTION OF SERVICE OR WORK PERFORMED AND LOCATION:

DATE(S)	PLACE	TIME IN	TIME OUT	TOTAL# DAYS/ HOURS**	HOURLY RATE	TOTAL WAGES	NAME OF EMPLOYEE SUBSTITUTING FOR:
<b>INVOICE GRAND TOTAL</b>							

*\*\*Exclude Lunch Time*

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_  
*Principal / Supervisor*

**FOR CENTRAL OFFICE USE:**

**JOB #:** \_\_\_\_\_ **PAYROLL DATE:** \_\_\_\_\_

**PAYACT:** \_\_\_\_\_ **SUPT APPROVAL :** \_\_\_\_\_