Teacher/Educational Assistant Bus Monitor Invoice

Certified Payroll Please pay the following for participating in Title stipends. Payment for the Month of: _____				
Principal:				
School:				
Date:				
Account Number:				
Teacher/Educational Assistant (last, first)	**MUNIS ID**	**Trips**	**Pay per day**	**Amount to be paid**

Approved for payment by: _____
Student Transportation Manager/Assistant Student Transportation Manager