



Additional Route Stipend Sheet (TRN-F076)

(must be submitted each pay period to receive the stipend)

Employee Name:	Munis ID #:
¹Payroll Beginning Date:	¹Payroll Ending Date:
Program/Event/Purpose: Additional Routes Stipend	Budget Account Code: BSQ00000-518900

I acknowledge all routes below are accurate and approved by a Fleet Supervisor in Dispatch Depot.

Employee Signature: _____ **Date:** _____

<i>Week 1</i>				
	Date	AM/Routes	PM/Routes	Notes on Route
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
<i>Week 2</i>				
	Date	AM/Routes	PM/Routes	Notes on Routes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
		\$10.00 per additional Routes		
		# of Routes		
		Total approved		

Driver Supervisor _____

Fleet Supervisor Signature: _____

Date: _____