## A S B HOURLY TIME SHEET & INVOICE

| Employee No                        | D             |          | Employee N                      | Name             |  |                    |                           |  |
|------------------------------------|---------------|----------|---------------------------------|------------------|--|--------------------|---------------------------|--|
| -                                  |               |          |                                 | Last Name        |  | First Name         | M.I.                      |  |
| School                             |               |          |                                 | Sport/Activity   | Sport/Activity Account Code  Authorized Hourly Rate of Pay: \$15.75 per hour |                    |                           |  |
| Sport/Activit                      | y Assignme    | nt       |                                 | Authorized Ho    |  |                    |                           |  |
| ADVANCE                            | E APPROV      | /ALS:    |                                 | Total Anticipa   | ted Hours:   |                    |                           |  |
| Student ASB I                      | Financial Rep |          | Date                            | ASB Prime Adv    | ASB Prime Advisor Date   |                    |                           |  |
| Scheduled Actual                   |               |          | ıl                              | Scheduled        |  | Actual             |                           |  |
| Dates                              | Schedule      | d Hours  | 5                               | Dates            | Scheduled  | Hours              |                           |  |
| (MM/DD)                            | Hours         | Worke    | d Comments                      | (MM/DD)          | Hours  | Worked             | Comments                  |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
|                                    |               |          |                                 |                  |  |                    |                           |  |
| I hereby certify represents the ac |               |          | the above total hours correctly | for the above em | rtify that this tin<br>ployee and that I a<br>or, Principal or Prin          | m authorized to ce | y reflects the attendance |  |
| Employee Si                        |               | LL USE O | Date<br>NI V                    | Signature        |  |                    | Date                      |  |
| Total Ho                           |               | Rate     | Gross Earnings                  | 7                |  |                    |                           |  |
|                                    |               | 5.75     |                                 |                  |  |                    |                           |  |

Copy distribution: Original to Payroll and one copy filed with school ASB records.