

## IBERIA PARISH SCHOOL BOARD INDIVIDUAL SERVICE INVOICE

EMPLOYEE NAME: \_\_\_\_\_ EMP. #: \_\_\_\_\_ MONTH OF: \_\_\_\_\_  
 EMPLOYEE PHONE: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ ACCT. CODE: -X- - - - - -  
 ARE YOU A FULL-TIME EMPLOYEE WORKING AFTER HOURS? CIRCLE ONE: YES NO

CIRCLE TITLE I-#84.010A TITLE I SI-#84.010A TITLE III-#84.365A TITLE II-#84.367A MIGRANT-#84.011A C PERKINS-#84.048 JAG-#93.558  
 PROGRAM: OTHER FEDERAL \_\_\_\_\_ - CFDA# \_\_\_\_\_ OTHER NON-FEDERAL \_\_\_\_\_ IDEA B-#84.027A

	DATE	MORNING		AFTERNOON		HOURS WORKED	DESCRIPTION OF WORK
		TIME IN	TIME OUT	TIME IN	TIME OUT		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							

*\*I HEREBY CERTIFY THAT FOR THE DATES LISTED ABOVE, I SPENT 100% OF MY TIME ON THE PROGRAM INDICATED. THIS INFORMATION IS AN AFTER-THE FACT DETERMINATION OF THE TOTAL ACTIVITY AND ACTUAL EFFORT EXPENDED FOR THE PERIOD INDICATED, AND I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES.*

EMPLOYEE SIGNATURE*		X		=	
SIGNATURE OF PRINCIPAL OR SUPERVISOR		TOTAL TIME	RATE OF PAY		TOTAL AMT DUE
SIGNATURE OF PROGRAM SUPERVISOR		DATE SIGNED			
		DATE SIGNED			

\*\*TIME MUST BE WORKED IN .25 HOUR INCREMENTS. MAX OF 7.5 HOURS/DAY\*\*

\*\*COMPLETED FORM MUST BE TURNED IN TO SUPERVISOR FOR APPROVAL BY THE LAST WORK DAY OF EACH MONTH.\*\*

\*\*CHECK FOR ACCURACY AND COMPLETENESS. ERRORS AND/OR OMISSIONS COULD CAUSE A ONE-MONTH DELAY IN PROCESSING.\*\*