



**Southern Educational Services Cooperative**

214 N. Kanawha Street

Beckley WV 25801

**BUS OPERATOR TRAINER/EXAMINER MONTHLY TIMESHEET**

NAME:		DATE:	
ADDRESS:			
EMP ID	900200	COUNTY BILLED:	
Budget Code	14.902____.12791.161.040		
PAY PERIOD:		THROUGH:	

DATE	ACTIVITY DESCRIPTION	NUMBER HOURS	HOURLY RATE	TOTAL COST
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
			\$30	\$ -
<b>TOTAL COST</b>		<b>0</b>		<b>\$ -</b>

I hereby certify that the above report is correct. Timesheets are due by the end of the month.

\_\_\_\_\_  
SIGNATURE / DATE

\_\_\_\_\_  
APPROVED