TIME REPORT – Administrative Staff*

Sponsor name:_____ Sponsor Number: _____

Sponsor address:_____

Week of:_____

Hours Worked in SFSP Administration

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

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Supervisor's signature Date

*Use this form for administrative staff performing **administrative** cost tasks, that is, tasks related to the **administration** of the program (e.g. monitors, book keepers, office staff, directors).