SUMMER FOOD SERVICE

Providing free meals to Arizona children.

Time Report – Administrative Staff*

Sponsor Name

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			

*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).

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.

Supervisor's Signature_____Date _____

This institution is an equal opportunity provider.