



Time Report Site and Food Service Staff

Sponsoring Entity	Week Of:
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Sponsoring Entity Address

Hours Worked in SFSP Operational

Hours Per Day

Name	S	M	T	W	T	F	S	Total Hours	Hourly Wage	Total Claimable

Use this form for all site level and food service staff performing **operating** costs tasks, that is, tasks directly related to the **food service** (e.g., meal servers, cooks, supervising children at the site).

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

Supervisor's Signature	Date
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