



Time Report Administrative Staff

Sponsoring Entity Name	Week Of:
Sponsoring Entity Address	

Administrative SFSP Hours Worked

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 **administrative** costs tasks, that is, tasks directly 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 applicable to State and Federal criminal statutes.

Supervisor's Signature	Date
-------------------------------	-------------