



Arizona Department of Education  
Summer Food Service Program

**Time Report – Administrative Staff\***

<b>Sponsor Name</b>	<b>Week Of:</b>
<b>Sponsor Address</b>	

**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.