

## DAILY TIME RECORD

1. Name of Employee:	2. Month and Year:	3. Project Number:
4. Title of Employee:		5. Grantee Name:

Day of Month	Hours Worked		Day of Month	Hours Worked		Day of Month	Hours Worked	
	VOCA-RA	Other		VOCA-RA	Other		VOCA-RA	Other
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		
						31		
<b>TOTAL HOURS</b>								

Paid by:	
Check #(s):	
Check Date(s):	

**CERTIFIED AND SUBMITTED AS TRUE AND CORRECT**

\_\_\_\_\_

**Employee's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Supervisor's Signature**

\_\_\_\_\_

**Date**

\*Please be advised all timesheets must be signed by both the employee and Supervisor before it can be processed with the monthly request for reimbursement.