Time Report Check Sheet

Grant Number _____ Year _____

Grant Name _____

Project Director(s) _____ Matching Dept. _____

Person Responsible for Time & Efforts in Department (and phone): _____

				Paid on:																							
	Notes on Requests to	Release	Grant	July		August		September		October		November		December		January		February		March		April		May		June	
Name & Position	Hire, Change Status, etc	Time %	Change %	7/15	7/31	8/15	8/31	9/15	9/30	10/15	10/31	11/15	11/30	12/15	12/31	1/15	1/31	2/15	2/28	3/15	3/31	4/15	4/30	5/15	5/31	6/15	6/30

Signature below indicates that I as principal investigator will abide by standard University policies and procedures and accept responsibility for technical and fiscal management of the project. Failure to submit required time and effort reports will result in the withholding of grant or contract salary payments to project personnel.

_____ _____

Signature of Principal Investigator Date