

TIMESHEET

Name _____ Position _____

Project Name _____ Account # _____

Month of _____

Date	Beginning Time	Ending Time	# of Hours	Date	Beginning Time	Ending Time	# of Hours
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							

Total Hours _____ x Hourly Wage _____ = \$ _____

I hereby certify that the above is a correct statement of time furnished for the Scott County Schools.

Signed _____

Approved for Payment

Signed _____