

SUMMER FOOD SERVICE PROGRAM

Time Report – Administrative Staff*

Sponsor name: _____ Sponsor Number: _____

Sponsor address: _____

Week of: _____

Hours Worked in SFSP Administration

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

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

*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).

Note: Administrative labor costs must be in the administrative budget approved by the State Agency

SUMMER FOOD SERVICE PROGRAM

Time Report – Site and Food Service Staff*

Site/Sponsor name: _____ Site/Sponsor Number: _____

Site/Sponsor address: _____

Week of: _____ Date: ___/___/_____

Hours Worked in Food Service

Name	Hours Per Day							Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	T	W	T	F	S			

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.

Site supervisor's signature

Date

*Use this form for all site-level and food service staff performing **operating** costs tasks, that is, tasks directly related to the **food service** (e.g. meal servers, cooks, supervising children at the site).