

**SUMMER FOOD
SERVICE PROGRAM**

Time Report – Transportation 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