

Day	Date	Time In	Time Out	Work/In - Serv Hrs	Vac Hrs	Sick Hrs	Pers Day (4/8 hrs)	Holiday (4/8 hrs)	Pers. Weath. Hr/Comments	TOTAL HOURS	Mileage	Meals w/ F. Fund	Meals no F. Fund.	Meal Reimb.
Total	----	-----	-----											

Other reimbursable expenses: _____ \$ _____
 Explanation (include documentation w/timesheet) _____ Cost _____

I certify that this statement about the hours worked and the amount claimed for mileage is true, correct and complete to the best of my knowledge. If I claimed mileage, I also certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of my travel.

FGP Signature _____ Date _____

Station Supervisor Signature _____ Date _____

FGP Director Signature _____ Date _____

MAIL TIMESHEETS BY
Remember your signature and your Station Supervisor's signature are required.

MARK YOUR CALENDARS!

Office Use Only	Totals
Work/In-Serv Hrs	
Vacation Hours	
Sick Hours	
Pers. Day Hours	
Holiday Hours	
Pers. Weath. Hours	
Total Hours	
x \$2.65 =	
Mileage	
x \$.40	
Other Trans.	
Meals	
Other Expenses	
TOTALS	

Meals w/ F. Fund = Federally funded meals provided to FG Meals w/o F. Fund = Meals provided to FG using no federal funds
 Meal Reim = FG paid for meal and requests reimbursement up to \$1.50