



Grant Department Stipend Work Log

Funding Source _____

Account code: _____

grant name

gl account number to charge

Date	Description of work	Start Time	End time	# of hours worked
			<i>total # of hours worked</i>	

By signing below, I certify that the above information is a true and accurate record of my time worked. If grant funded, I certify that 100% of these personnel services are allowable costs to the grant listed on the form & performed in accordance with all applicable federal and state regulations.

employee signature

date

supervisor/grant coordinator

date