

OFFICE OF THE UNIVERSITY CONTROLLER DIVISION OF GRANT AND CONTRACT ACCOUNTING

Employee ID Number		Last Name		First Name		Initial	Hourly Rate	Type	Job Class	Position Code

Location Code		College/Division		Department		Campus	
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Week One	Date							Weekly Total
	From							
	To							
	Total							

total hours should match

Total Hours

Account # Charged		
Account # Charged		
Account # Charged		

Week Two

Date

From						
To						
Total						

Weekly Total

total hours should match

Account # Charged

Account # Charged

Account # Charged

Total Hours

Comments

***If 42 accounts-please be specific on dates research was performed.**

Certify only after work has been completed.

Certification Statement

I confirm that the above distribution of salaries and wages directly charged to Sponsored Agreements/Programs is appropriate and reasonable in relationship to the work performed.

Certification Signature

Certification Date

[illegible]