

# University Enterprises Corporation at CSUSB



## Cost Sharing Timesheet

Project #: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Month/Y \_\_\_\_\_

**Job Codes: Can be used to record recurring types of activity.**

A: \_\_\_\_\_

C: \_\_\_\_\_

B: \_\_\_\_\_

D: \_\_\_\_\_

DATE	TIME IN	TIME OUT	CODE	DATE	TIME IN	TIME OUT	CODE	DATE	TIME IN	TIME OUT	CODE
1				11				21			
2				12				22			
3				13				23			
4				14				24			
5				15				25			
6				16				26			
7				17				27			
8				18				28			
9				19				29			
10				20				30			
								31			

**Total Hours Worked on Grant:** \_\_\_\_\_

**Certification:** I certify that, to the best of my knowledge, the above distribution of hours accurately represents work performed by me during the period covered by this report. I also certify that I received no paid compensation from this grant/contract during the same time period for this program.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor Certification:** I certify that I have first-hand knowledge of all the work performed by this individual and that the distribution of effort represents a reasonable estimate of work performed during the period covered by this report.

**Supervisor Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title**

**Project Director Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return the completed form to the UEC Sponsored Programs Office.

**UEC USE ONLY:**

Total Hours worked on grant: \$ \_\_\_\_\_

Salary to report : \$ \_\_\_\_\_

Fringe to Report: \$ \_\_\_\_\_

Total Effort: \$ \_\_\_\_\_