

Nonprofit Grant-Funded Timesheet Submission Form

Employee Name

Employee ID

Department

Grant Name/Number

Week Start Date

Week End Date

Day	Grant Hours	Other Hours	Notes
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee Signature

Supervisor Signature

Date Signed

Please submit this form as required by your nonprofit's grant policies.

