

Figure V.H.7. Timesheet

ARCHBOLD EXPEDITIONS	TIME REPORT
NAME	
EMPLOYEE HOME DEPARTMENT	

CENTER NAME	CENTER #	M	TASK #	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
											0.00
											0.00
											0.00

SUB TOTAL HR WORKED
ANNUAL LEAVE
HOLIDAY
SICK LEAVE
ADMIN. LEAVE
LEAVE W/OUT PAY

0	0	0	0	0	0	0	0.00
							0.00
							0.00
							0.00
							0.00
							0.00

TOTAL HOURS

0	0	0	0	0	0	0	0
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SEE OVER FOR VALID:

M: CHECK HERE IF A MATCH

COST CENTERS AND TASK CODES

Supervisor's Signature

[Redacted]