



OFFICE OF RESEARCH

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**Time & Effort Activity Report
(For Grant Supported and Cost-Sharing Employees)**

_____/20_____
(Month/Year for which you are being paid)

Employee: _____

Activity: _____

Position Title: _____

Percent T&E (as listed on PA Form: State _____ % Non-State: _____ %

Description of Work Performed

I certify that the above information is correct.

Employee's Signature

Supervisor's Signature

Principal Investigator's Signature