



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

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

Employee Name: _____

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 Signature

Supervisor's Signature

Principal Investigator's Signature