ATTENDANCE & SIGN-IN FOR COMPENSATED TIME

Copy of Agenda Must Be Attached

Event/Meeting/		EASE COMPLETE ALL BOXES BELOW. Information must be legible or payment will not be process. Date://				RATES OF PAY: Compensated hourly rates outside of contractual hours. In-Service (attend/preparation) \$23.00		
Workshop Name:_ Description:					In-Service	e (presentation) nber Workshops	\$36.00	
EMPLOYEE ID.	PRINTED NAME	SIGNATURE	LAST 4 Of SS#	No. Of Hours Off Duty	Stipend Rate per Hour	School Bldg.	Total Amount Due	
L			тота	L STIPEND AN	IOUNT= \$	L		
2 CRF 200.430 states: "Charges accurate, allowable, and proper employee works on more than o	rly allocated(iii) Reasonably reflect the tota one Federal award; a Federal award and non	ist be based on records that accurately reflect the l activity for which the employee is compensated b Federal award; an indirect cost activity and a dire	work performed. These records must: (i) Be : by the non-Federal entity(vii) Support the di: ct cost activity; two or more indirect activitie	stribution of the employers which are allocated using	internal control which p e's salary or wages amo ng different allocation bo	ng specific activities or co ases; or an unallowable o	ost objectives if the activity and a direct or	
	ervisory official for [name of fund] strator's Printed Name:	, I nereby certify i	that the above employee worked solely for th				te:	
GENERAL FUND:			Non-GENERAL	Non-GENERAL FUND (Grant):				
1 digit Fnd 2 digit SPCC Func	tion Subject 2 digit	OPU 1 dig IL 3 digit Acct	3 digit Fnd 4 di	git SPCC Fund	ction 3 digit OP	2 dig IL	3 digit Acc	
vent Administrator's	Printed Name:		Signature			Date	2:	