



ATTENDANCE & SIGN-IN FOR COMPENSATED TIME

PO# _____

Event/Meeting/
Workshop Name: _____ Date: ____ / ____ / ____

Description: _____ Time: _____ am / pm

_____ Location: _____

State/Federal Grant Funded? Yes No If Yes, 3 digit Fund number: _____

ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW. Information must be legible or payment will not be processed.

Employee ID	PRINTED NAME	SIGNATURE	Last 4 Of SS#	Certified Or Classified	No. Of Hours Off Duty	Stipend Rate per Hour	Total \$ Amount Due (Office Use Only)
TOTAL STIPEND AMOUNT=						\$	

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated...(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity...(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] _____, I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

Federal Fund Administrator's Printed Name: _____ **Signature** _____ **Date:** _____

Approved Account Coding:
Fund _____ Function _____ Object _____ SPCC _____ Subject _____ OPU _____ IL _____ Job Code _____

Event Administrator's Printed Name: _____ **Signature** _____ **Date:** _____