

Foster Grandparents

Share Today. Shape Tomorrow.



FGP Timesheet/Travel Statement

H= Holiday L= Leave T= Training BW= Bad Weather

Name:	Month:
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Date	Hours	Mileage	Meal
1			B L
2			B L
3			B L
4			B L
5			B L
6			B L
7			B L
8			B L
9			B L
10			B L
11			B L
12			B L
13			B L
14			B L
15			B L
16			B L
17			B L
18			B L
19			B L
20			B L
21			B L
22			B L
23			B L
24			B L
25			B L
26			B L
27			B L
28			B L
29			B L
30			B L
31			B L

Please return completed timesheet on the last working day of the month.

FAX: 918-431-3754

Email: yukari.garcia@kibois.org or shaunda.noah@kibois.org

X

Foster Grandparent Date

X

Site Supervisor Date

X

FGP Director/Area Coordinator Date

Total Office Use Only	Hours	Mileage	Meals
			B: L:

I certify that this statement, the amounts claimed, and attachments are true, correct, and complete to the best of my knowledge and belief that payment has not been received.