Work Hours Time Log

StRAP
Streamflow Rehabilitation Assistance Program

Please complete this form and attach to the Request for Payment for any staff salary requested for reimbursement through StRAP. Only time spent directly on StRAP work can be reimbursed .

Grantee:	
Employee:	

Date	Activity	Hours	Rate	Reimbursement
			Total Reimbursement:	

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____