



Tribal Historic Preservation Office

P.O. Box 907
Sisseton, SD 57262

TIMESHEET

Name: _____ Title: **Monitor** **Consultant** **Field Tech**
 Project: _____ Location: _____
 Crew Leader/Foreman: _____ Verified Archaeologist: _____

Timesheet

Date	Day	Start Time	End Time	Total
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			

Employee Signature: _____

Supervisor Signature: _____

For Office Use Only

Billing Submitted to: _____

Date Bill Submitted: _____ Submitted by: _____

Total Days Worked	Grand Total Hours
Hourly Rate	
Total Amount Due	