

MONTANA STATE UNIVERSITY BILLINGS
REPORT OF TIME OR EFFORT

Grant Monies

Matching

Name: _____ ID#: _____ Pay Period: _____

Index Number	Index Name	Time or Effort % of Hours	Amount

Employee Signature

Date

Project Director Signature

Date

****Please complete form, sign and return to Grants Coordinator, McMullen Hall, Room 309 for each pay period****