

Habematolel Pomo of Upper Lake

TIME SHEET

COMMITTEE NAME: _____

P.O. Box 516
Upper Lake, CA 95485-0516
707-275-0737 Fax 707-275-0757

Committee Member Name: _____ Title: _____

WEEKLY PAY PERIOD From: _____ To: _____

Contact Information

Address: _____

Ph #: _____

Email: _____

Date	Start Time	End Time	Regular Hrs.	Rate	Total
				\$10.00	
				\$10.00	
				\$10.00	
				\$10.00	
				\$10.00	
				\$10.00	
				\$10.00	
MONTHLY TOTALS:					

Committee Member Signature: _____ Date: _____

Committee Chair Signature: _____ Date: _____

Tribal Administrator Signature: _____ Date: _____