

# CHURCHVILLE RECREATION COUNCIL CONTRACTOR TIME SHEET

OFFICE USE ONLY

Name \_\_\_\_\_  
First Middle Last  
 Address \_\_\_\_\_  
City State Zip

**IDENTIFICATION BLOCK**

Program \_\_\_\_\_ Age Group \_\_\_\_\_  
 Date Submitted \_\_\_\_\_

**PAYMENT WILL NOT BE MADE FOR ANY TIME SHEET NOT SUBMITTED WITHIN THIRTY (30) DAYS OF THE LAST DAY WORKED IN ANY MONTH.**

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Hrs/Games/Fields																																
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Hrs/Games/Fields																																

**SIGNATURE BLOCK MUST BE COMPLETED**

\_\_\_\_\_  
 CONTRACTOR

\_\_\_\_\_  
 CHAIRPERSON

\_\_\_\_\_  
 TREASURER

**OFFICE USE ONLY**

PAY RATE \$ \_\_\_\_\_

HRS/GAMES/FIELDS \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

\_\_\_\_\_  
 CHAIRPERSON/ RECREATION SPECIALIST  
 PROGRAM TO BE CHARGED \$ \_\_\_\_\_