

INTERN TIME

Columbia River Inter-Tribal Fish Commission

Undergraduate Internship Timesheet

Completed forms must be submitted to the Internship Coordinator by the 5th of month following the pay period. Checks issued the second week of each month.

WTRSD FORM

Name

Name

Faculty Supervisor

College/University

Pay Period

JAN
 FEB
 MAR
 APR
 MAY
 JUN
 JUL
 AUG
 SEP
 OCT
 NOV
 DEC

Week 1

Date	Activity Description	Hours

Week 2

Date	Activity Description	Hours

Subtotal

Total hours for weeks 1 and 2. ▶

-continue to next side for weeks 3 and 4-

Total hours for weeks 1 and 2 from previous page. ▶

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Week 3

Date	Activity Description	Hours

Week 4

Date	Activity Description	Hours

Total

Total hours for pay period. ▶

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Sign here

I certify that the total hours are correct; all times are reported and a time schedule is on record in the department. If you have any questions, please contact Tana Atchley, Intern Coordinator at (503) 238-0667 or tana@critfc.org

Intern signature _____

Date _____

Supervisor signature _____

Date _____

Finance department use only

Received by _____

Date _____

PO# _____