



# 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: _____	<b>Total Days Worked</b>	<b>Grand Total Hours</b>
For Office Use Only Supervisor Signature: _____		
Billing Submitted to: _____	<b>Hourly Rate</b>	
Date Bill Submitted: _____ Submitted by: _____	<b>Total Amount Due</b>	