



UTAH DIVISION OF STATE PARKS AND RECREATION
 P.O. BOX 146001
 1594 WEST NORTH TEMPLE SUITE 116
 SALT LAKE CITY, UT 84116

CONTRACT #: _____

PROJECT NAME: _____

FISCAL INCENTIVE GRANT (FIG) - TIME SHEET FOR EMPLOYEE LABOR AND EQUIPMENT

All information listed below is required.

You may add or delete rows as you see fit, but please double check that totals are correct before submitting. Please review the closeout packet if you have any questions.

DATE	NAME OF WORKER / OPERATOR	CURRENT OCUPATION	WORK DONE ON PROJECT	SIGNATURE	# OF HOURS WORKED	HOURLY RATE *	TOTAL	EQUIPMENT TYPE & SIZE	# HOURS / MILES / DAY	RATE \$ **	TOTAL \$
Total # of Hours Worked:							Total:		Total:		

*Hourly rate of project sponsor's own employees.

**Please either use the equipment rates established with your organization or the equipment cost list provided.

I certify that all labor and equipment donations were properly supervised and used productively on this project. I further certify that equipment was used by qualified operators and all figures shown above are true and accurate.

Supervisor's Signature _____

Grand Total: _____