

**Network for a Healthy California**  
**TRANSMITTAL SHEET FOR FFY 20\_\_ - 20\_\_**

Contract #: _____	Contract Term: _____
Contract Name/Address: _____ _____ _____	Reporting Period: _____ Project Coordinator _____

No.	Employee Name
1	
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I have reviewed the attached time records for the following staff and certify that these accurately and completely represent their *actual* time spent on SNAP-Ed during the time period of \_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Designee Signature (Required)

**Instructions**

1. Enter contract information.
2. List employee names from attached "Weekly Time Logs" or "Quarterly Time Studies".
3. Attach corresponding "Weekly Time Logs" or "Quarterly Time Studies" up to 20 weekly time logs.
4. Supervisor or Designee sign certification.