IDS 202.71
CUMULATIVE TIME SHEET

Name_____

Project Site_____ Supervisor_____

Date	Total Hrs. Today	Brief Description of Work Involved	Total Hrs. to Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Site Supervisor needs to sign when form is full. Include all hours toward project/colloquium. Hand in to instructor when full for student file.