

HONORARIUM

NAME: _____

PERIOD ENDING: _____

| DATE | ACTIVITY | HOURS |
|------|----------|-------|
| 1 | | |
| 16 | | |
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| 31 | | |

I certify the foregoing is true and complete to the best of my knowledge. I also understand that my honorarium time sheet must be turned in before the next honorarium check can be picked up.

Signed: _____ Date: _____