Goldbelt Heritage Foundation
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TIME RECORD/CHECK REQUEST FOR CONTRACTORS, ELDERS & YOUTH

CHECK PAYABLE TO: **CHECK NEEDED:** _____**NEXT CHECK RUN:**_____

_____ **DATE:**_____

_____ **AMOUNT:**_____

_____ **SSN:**_____

DESCRIPTION					
DATE	**LOCATION**	**ACTIVITY**	**Start Time**	**End Time**	**Total Hours**
Participant Signature:			**TOTAL HOURS →**		

GHF STAFF USE ONLY

Rate per Hour: $_____ X Total Hours:_____ **Amount**

Account Number:	**$**
Account Number:	**$**
Account Number:	**$**
Account Number:	**$**
TOTAL AMOUNT OF CHECK:	**$**

Lead GHF Staff Sign: _____Date:_____

Check Approved By: _____ Date:_____

Special Instructions:

IMPORTANT NOTICE: Unless written in your Contract OR Pre-Approved & Signed by GHF Lead Staff, Work hours are 15 Hrs/Wk