



Miles College Office of Sponsored Programs

Quarterly Substantiation of Time and Effort

(Completion of this document is required for all **grant funded** programs)

Employee Name: _____	Department: _____
SSN/ Miles ID#: _____	Title/Position: _____
Grant/Project _____	Miles Acct # _____
Reporting Period: _____	Date Submitted: _____

Briefly describe the type of activities performed:

Project Title	Award #	% of Time Distribution	% Salary Distribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that 100% of my time as been devoted to the above mentioned Grant/Contract. I have also fulfilled my obligations to Miles College, and shall receive compensation for my efforts. This time represents a reasonable estimate of the actual effort expended on this project and is true and factual.

Employee Signature: _____	Date: _____
Director/Principal Investigator: _____	Date: _____
Director of Sponsored Programs : _____	Date: _____
Copy sent to Business Office on : _____	Date: _____