

NORTHEASTERN STATE UNIVERSITY EFFORT REPORTING FORM

NAME: _____

GRANT NAME: _____

EMP ID#: _____

ACCOUNT #: _____

REPORT PERIOD: _____

DATE	TOTAL GRANT HOURS	TOTAL NON-GRANT HOURS	DATE	BRIEF DESCRIPTION OF GRANT ACTIVITIES PERFORMED
10/01/09	0	0	10/01/09	
10/02/09			10/02/09	
10/03/09			10/03/09	
10/04/09			10/04/09	
10/05/09			10/05/09	
10/06/09			10/06/09	
10/07/09			10/07/09	
10/08/09			10/08/09	
10/09/09			10/09/09	
10/10/09			10/10/09	
10/11/09			10/11/09	
10/12/09			10/12/09	
10/13/09			10/13/09	
10/14/09			10/14/09	
10/15/09			10/15/09	
10/16/09			10/16/09	
10/17/09			10/17/09	
10/18/09			10/18/09	
10/19/09			10/19/09	
10/20/09			10/20/09	
10/21/09			10/21/09	
10/22/09			10/22/09	
10/23/09			10/23/09	
10/24/09			10/24/09	
10/25/09			10/25/09	
10/26/09			10/26/09	
10/27/09			10/27/09	
10/28/09			10/28/09	
10/29/09			10/29/09	
10/30/09			10/30/09	
10/31/09			10/31/09	
	0	0		

PERCENTAGE OF TIME SPENT ON GRANT ACTIVITIES

#DIV/0!

When completing this form monthly only fill in the gray shaded areas. Please note the following information:
 The _____ grant is account # _____
 and _____
 is the project investigator. The amount of grant
 release time is _____.

EMPLOYEE	SIGNATURE	DATE
PI	SIGNATURE	DATE
ACCOUNT SPONSOR	SIGNATURE	DATE