WORK TEAM DOCUMENTATION
QUARTERLY TIME CARDS for COST-SHARING

Work Team Area:	
Team Member Name:	
Organization:	
Address:	
Phone:	*Email:*

Date of Work	Time	Rate	Total Cost-Sharing
Example: *October 6, 2005*	*12:00 – 4:00 PM*	*$322/day*	*$161.00*

Please submit this report at the next quarterly Governance Committee or Communication Bridge Meeting.