Community Green Initiative

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PROJECT: *Invasive Species Mapping Project 2009-2010*

Timesheet

Name:____________________ Address & Postal Code: ______________________

Telephone: _________________ Email:_______________________________

Suggested Codes (Not required):

Telephone Call TC
Meeting with MW
Email with EW
Day trip DT
Finalise FN
Mapping M
Event Planning EP
Confer w/ CW
Draft DR
Letter to LT
Bookkeeping BK
Prepare PREP
Training TR

Date	Activity (Codes and details)		Time Spent	Mileage		

TOTAL HOURS This Page__________