

## Internship Time Log

Individual's Name: \_\_\_\_\_ DRS Counselor: \_\_\_\_\_

Contractor: \_\_\_\_\_ EC Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date	Total Hours Onsite	Services Provided and/or Issues Addressed

Total Hours Billed: \_\_\_\_\_

Total Amount Billed: \_\_\_\_\_