



# Directorate of the Research, Development, and Innovation (RDI)

(This sheet is to be compulsorily produced for payment of the Project Staff)

## Annex 5

### Time Sheet/Log Sheet for Payment Claim by the Researchers/Service Providers

Name:	Designation:
Department:	School:
Contact Address:	Email and Mobile::

For the Month of :.....

Date (DD/MM/YYYY)	*Official hours (Per day)	Time from	Time To	Actual hours worked per day	Short description of the work undertaken	Signature

\* as specified/agreed in the Contract Agreement, this is the Maximum Official Hours not to exceed per day.

Signature of the Researchers/Service Provider with Date (DD/MM/YYYY) .....

Verified by the Principal Investigator or any other Authorized Person .....