

United Way of New York City
Hunger Prevention and Nutrition Assistance Program
(HPNAP) Fiscal Year 2024-2025

Staff & Volunteer Timesheet/Form

HPNAP ID:	
Organization Name:	

Instructions:
Please list each individual you are reporting for that has received staff/volunteer stipends. Follow **steps 1-5** across, filling in each box. In **step 4** “payment type,” identify how each individual received funds.
PLEASE NOTE: a scanned copy of eligible proof of payment that coordinates with payment type must be submitted. (For example: cash payments: photo ID and handwritten signature, check: canceled check with postdate, direct deposit: payroll registry)

Step 1 Name (Print)	Step 2 Eligible Job Performed	Step 3: Month Range Worked or Date of Payment	Step 4: Payment Method (Check, Cash or Direct Deposit)	Step 5: Amount Paid during Reporting Period
Print Name Below: Signature: _____				
Print Name Below: Signature: _____				
Print Name Below: Signature: _____				

United Way of New York City
Hunger Prevention and Nutrition Assistance Program
(HPNAP) Fiscal Year 2023-2024

Staff & Volunteer Timesheet/Form

Print Name Below: Signature: _____				
Print Name Below: Signature: _____				
Print Name Below: Signature: _____				
Print Name Below: Signature: _____				
TOTAL STAFF COST EXPENDITURES				\$