LOGISTICS INTERNSHIP TIME SHEET

Circle One: Fall Spring Summer Year: _____

Report #1: Mid-Semester: _____

Report #2: End of Semester: _____

Student's Name: _____ Name of Employer: _____

Employer's Address: _____

Name of Supervisor: _____ Phone: (_____) _____

Week Ending	# of Days Worked	# of Hours Worked	Signature of Supervisor