OIMB INTERNSHIP TIME SHEET

Name _____ **Term** _____

Date	Description of work	Hours
	MIDTERM SUBOTOTAL OF HOURS	
	TOTAL INTERNSHIP HOURS	

Midterm Hours: **Intern Signature** _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

Final Hours: **Intern Signature** _____ **Date:** _____

Supervisor Signature _____ **Date:** _____