

United Way of New York City  
Hunger Prevention and Nutrition Assistance Program  
(HPNAP) Fiscal Year 2025-2026

**Staff & Volunteer Timesheet/Form**

<b>HPNAP ID:</b>	
<b>Organization Name:</b>	

**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)

<b>Step 1 Name (Print)</b>	<b>Step 2 Eligible Job Performed</b>	<b>Step 3: Month Range Worked or Date of Payment</b>	<b>Step 4: Payment Method (Check, Cash or Direct Deposit)</b>	<b>Step 5: Amount Paid during Reporting Period</b>
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: _____				
<b>TOTAL STAFF COST EXPENDITURES</b>				<b>\$</b>