

Name:	Allocating hours to: Organization Name				
Name of Agency:					
Verfication Contact Supervisor					
Full Name:				Phone Number:	
E-mail Address:					
Service Provided	Date	Time In	Time Out	Total Hours	Verification Contact Signature
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	1	1		1	
***Hours must be tu **Any log entries tha			-		

All hours should be submitted on https://trailblazers.tamiu.edu