TIME RECORDING FOR A HORIZON 2020 ACTION – Minimum requirements

Title of the action (acronym):		**Grant Agreement No:**	
Beneficiary´s / linked third party's name:			
Name of the person working on the action:		**Type of personnel** (see Art. 6.2.A Grant Agreement)	

Month	**[Month / Year]**	**[Month / Year]**	**[Month / Year]**	**[Month / Year]**	**[Month / Year]**	**[Month / Year]**	**…**	**Total**
Number of hours								
Work packages (of Annex 1) to which the person has contributed by the reported hours								
Date and signature of the person working for the action								
Name, date and signature of the superior								