

Complete the information requested. The instructions are located on the last page of this form.

Personnel Expenditure Summary

Grantee Name	Grant Number	Reporting & Expenditure Category	Employer

Task #	Name / Classification	Date(s) Worked	Hours Worked	Hourly Rate (with Benefits)	Total (Hours x Rate)	Activity

Totals: _____

 Supervisor's Name

 Supervisor's Signature

 Grantee's Signature (if Contractor time claimed)

Instructions

Please submit this form (or another form with equivalent information) when requesting reimbursement for personnel costs.

Item	Description
Grantee Name	The name of the entity that was awarded the grant as shown on the Grant Agreement.
Grant Number	The full number assigned to your grant (ex. EFR1-21-XXXX, COD2-22-XXXX, ORG7-23-XXXX).
Reporting & Expenditure Category	Indicate the budget category to which the hours are being billed. Use a separate form for each budget category.
Employer	The name of the entity that employs the person(s) listed on this form. This will usually be the grantee or a contractor that is implementing all/part of the grantee's program. Use a separate form for each employer.
Task #	Number each task for reference purposes. This number should be consistent with the approved Work Plan.
Name / Classification	The name and classification of the employee.
Date(s) Worked	Indicate every day each employee worked on grant-related tasks. Date ranges may be listed for each employee.
Hours Worked	For each date/date range, indicate how many hours (whole and partial) each employee worked on grant-related tasks.
Hourly Rate (with Benefits)	Fill in the pay rate, including benefits, for each employee.
Total (Hours x Rate)	Calculated total of the number of Hours Worked multiplied by the Hourly Rate.
Activity	Indicate the grant-related activity that each employee worked on for each of the dates/hours listed.
Totals	Calculated totals of the Hours Worked and Total (Hours x Rate) columns.
Signatures	Forms must be signed by the appropriate supervisor(s). Timesheets submitted for contractor personnel must be signed by a supervisor at the contracted entity and by the authorized signature authority for the grant.

Example

Task #	Name / Classification	Date(s) Worked	Hours Worked	Hourly Rate (with Benefits)	Total (Hours x Rate)	Activity
4	John Doe Food Recovery Driver	8/12/23	2	\$15	\$30.00	Pick-up and drop-off of food for recovery program.
8	Jane Doe Administrative Assistant	12/1/22- 12/15/22	10	\$20	\$200.00	Complete quarterly progress report for CalRecycle Grant.
9, 12 & 24	Josh Smith Food Rescue Outreach Coordinator	9/1/22-11/30/22	165	\$25	\$4,125.00	Develop introductory materials for new donors/recipients, coordinate partnerships with new food donors and attend partnership meetings.
Totals:			177		\$4,355.00	