

PERSONNEL EXPENDITURE SUMMARY

GRANT NUMBER

REPORTING & EXPENDITURE CATEGORY

GRANTEE

EMPLOYER

Task #	Name/Classification	Date Worked	Hours Worked	Hourly Rate (w/benefits)	Total (Hours x Rate)	Activity

Totals:                      \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR’S SIGNATURE

\_\_\_\_\_  
GRANTEE SIGNATURE (IF CONTRACTOR TIME CLAIMED)

See reverse for instructions and example.

## INSTRUCTIONS

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

**Grant Number:** This is the full number assigned to your grant (found in the upper right corner of your Grant Agreement).

**Reporting & Expenditure Category:** Indicate the budget category to which the hours are being billed. Use a separate form for each budget category.

**Grantee:** This is the entity that was awarded the grant as shown on the Grant Agreement.

**Employer:** Indicate what entity 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 to make it easier to reference.

**Name/Classification:** Enter the name and classification of the employee.

**Date Worked:** Indicate every day each employee worked on grant related tasks. List each date separately.

**Hours Worked:** For each date, indicate how many hours (whole and partial) each employee worked on grant related tasks.

**Hourly Rate (w/Benefits):** Fill-in the pay rate (including benefits) for each employee.

**Total (Hours x Rate):** This is 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:** Please total 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 Worked	Hours Worked	Hourly Rate (w/benefits)	Total (Hours x Rate)	Activity
1	John Doe Admin. Assistant	8/12/09	2	\$10.00	\$20.00	Develop newspaper ads for Certified Center Kick-off
2	Jane Doe Used Oil Manager	9/19/09	5.5	\$15.00	\$82.50	Staff used oil recycling information booth for Certified Center Kick-off
3	Jane Doe Used Oil Manager	9/20/09	3.25	\$15.00	\$48.75	Respond to requests for used oil information gathered at 9/19/09 event
Totals:			<u>10.75</u>		<u>\$151.25</u>	