

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>	