ADMINISTRATIVE BILLING SHEET

HOPWA PROGRAM

SERVICE PROVIDER: _____

Staff Person's Name: _____ For Billing Period from _____ to _____

DATE OF SERVICE	ADMINISTRATIVE ACTIVITY	ACTIVITY CODE (ONE CODE PER LINE)	HOURLY RATE $	TIME SPENT WITH CLIENT (hours an ¼ hours)	TOTAL COST FOR SERVICES
EXAMPLE	DRAW PREPARTION	ADMIN	40.00	5.25	**$ 210.00**
EXAMPLE	HOPWA (APR)	ADMIN	40.00	3.75	**$ 150.00**
					$
					$
					$
					$
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					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL COST FOR SERVICES	**$**

CERTIFICATION:

I certify that the information on this Administrative Billing Sheet is a true and correct record of time worked on administrative functions pertaining to the HOPWA grant currently underway.

_____ _____

Staff Person Signature Date Supervisor's Signature Date