ADMINISTRATIVE BILLING SHEET
SHP PROGRAM

CONTRACTING ORGANIZATION: _____

Staff Person's Name: _____ For the Pay Period: _____

DATE OF SERVICE	ADMINISTRATIVE ACTIVITY	APPROVED LINE ITEM	HOURLY RATE $	TIME SPENT ON ACTIVITY (hours, in ¼ hour increments)	TOTAL COST FOR SERVICES
EXAMPLE	DRAW PREPARATION	ADMIN	32.75	5.25	**$171.94**
					$
					$
					$
					$
					$
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					$
					$
					$
					$
					$
			TOTALS		**$**

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 SHP grant currently underway.

_____ _____

Staff Person Signature Date Supervisors Signature Date