OPERATIONS BILLING SHEET
SHP PROGRAM

CONTRACTING ORGANIZATION: _____

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

DATE JOB PERFORMED	UNIT ADDRESS OR NUMBER	APPROVED ACTIVITY	HOURLY RATE $	TIME SPENT ON ACTIVITY (hours an ¼ hours)	TOTAL COST FOR SERVICES
EXAMPLE	123 ABC ST.	MAINT/REP – BATH SINK	15.00	3.5	**$52.50**
EXAMPLE	ALL SHP UNITS (11)	FEE COLLECTION (STAFF SAL.)	11.25	7.75	**$87.19**
					$
					$ $0.00
					$ $0.00
					$ $0.00
					$ $0.00
					$ $0.00
					$ $0.00
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					$ $0.00
					$ $0.00
					$ $0.00
					$ $0.00
					$ $0.00
				TOTAL COST FOR SERVICES	**$**

CERTIFICATION:
I certify that the information on this Operations Billing Sheet is a true and correct record of time worked on the housing approved under our SHP grant. I also certify that costs are eligible under 24 CFR 583, and were approved in our grant application and technical submission.

_____ _____

Staff Person Signature Date Supervisors Signature Date