



Construction Personnel Time Sheet

A804

Grant Recipient: _____

TxCDBG Contract No: _____

Project Description: _____

Week of: _____

WEEKLY SUMMARY	COST
Personnel	
Equipment	
TOTAL COSTS:	

Table A: Personnel Costs

Employee Name	Job Classification	Activity Performed	Hours Worked							Total Hours - TxCDBG	Total Hours - All Work	Total Hours - Leave	Hourly Rate	Total Cost
			M	T	W	T	F	S	S					
TOTAL WEEKLY PERSONNEL COSTS:														

Table B: Equipment Costs

Equipment (type, size, & FEMA code)	Operator	Activity Performed and Location of Work*	Hours / Miles*							Total Hrs / Miles - TxCDBG	Hourly Rate	Total Cost
			M	T	W	T	F	S	S			
TOTAL WEEKLY EQUIPMENT COSTS:												

- Operator hours described in this table MUST be documented on Table A.

- Vehicles used for transport of people must be based on rate per mile. Reimbursement for hourly vehicle use must be justified below*.

*Equipment Notes:

CERTIFICATION: I certify that the above named employees were on the City/County payroll and the equipment described was utilized on the dates stated to complete construction activities on the Texas Community Development Block Grant Program. Activities, times, dates, and amounts are correct to the best of my knowledge.

Supervisor Signature: _____

Title: _____

Date: __