

DIRECT WORK AND EXPENSE RECORD

Consultant/Employee: _____ Wk Ending: _____

Project: _____ Contract Number: _____

DATE	PHA	DESCRIPTION OF ACTIVITY	TOTAL HOURS	TASK #
Sun.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Mon.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Tues.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Wed.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Thu.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Fri.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
Sat.		Site: _____, Hours _____. Site: _____, Hours _____. _____		
TOTAL HOURS FOR THE WEEK				

Expenses

EXPENSE CATEGORY	SUN	MON	TUE	WED	THU	FRI	SAT
Lodging							
Transportation							
Per Diem							
Car Rental							
Taxi/Shuttle							
Mileage (miles X \$0.445)							
Parking							
Tolls							
Rental Gas							
Other							

Consultant/Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____