**CDBG ADMINISTRATION ACTIVITY REPORT**

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| COG. No: |  | Employee Name: |  | Date: |  | Payroll Period: |  |

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| Grant No./  Title | Activity  Code | Sun. | Mon. | Tues. | Wed. | Thurs | Fri. | Sat. | Sun. | Mon. | Tues. | Wed. | Thurs | Fri. | Sat. | Activity  Total | Grant  Total | Billable  Total |
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Check here if narrative is included on the reverse side of this form documenting unusual amounts of time charged to an activity code.

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| Employee Signature: |  | | Date: |  |  |  | |  |  |
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| Supervisor’s Signature: | |  | Date: |  | Total Hours: | |  | Billable Hours: |  |