**CDBG ADMINISTRATION ACTIVITY REPORT**

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

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| Grant No./Title | ActivityCode | Sun. | Mon. | Tues. | Wed. | Thurs | Fri. | Sat. | Sun. | Mon. | Tues. | Wed. | Thurs | Fri. | Sat. | ActivityTotal | GrantTotal | BillableTotal |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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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: |   |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Supervisor’s Signature: |   | Date: |   | Total Hours: |   | Billable Hours: |   |