|  |  |
| --- | --- |
| **Implementing Agency:** |       |
| **Project Number:** |       |  | **Claim Number:**(Example: G0527001) |       |
| **For the Pay Period of:** |       |  | through |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employee** | **Title and Position Number (if applicable)** | **Hours Worked on Project** | **Salary Charged to Project** | **Benefits Charged to Project** | **Indirect Costs** **(if Applicable)** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| **SUBTOTALS:** | **$0.00** | **$0.00** |  |
| **Notes:**       | **TOTAL PERSONNEL SERVICES COSTS:** | **$0.00** | **$0.00** |
| Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-65-04. |