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| --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |