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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employee** | **Title & Position Number (if applicable)** | | **Hours Worked on Project** | **Salary Charged  to Project** | **Benefits Charged to Project** |
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| **SUBTOTALS:** | | | | $0.00 | $0.00 |
| **Notes:** | | **TOTAL PERSONNEL SERVICES COSTS:** | | **$0.00** | |
|  | | | |
| Enter the total Personnel Services Costs to line 1 of the Statement of Highway Safety Project Costs form, 500-065-04. | | | | | |