PROGRAM _____

CDBG - Salary Report Form

Month _____ Year _____

Employee Name	Pay Period	Total Paid	% CDBG Activity	Amount Charged to CDBG
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			0%	$ 0.00
			Total	$ 0.00

_____ _____

Employee Signature Print Name

_____ _____

Supervisor Signature Print Name