

Covid Services Activity Tracking/Report Form

Grantee Name: _____ FSR #: _____

Grant #: _____ Report Period: _____

Employee Name: _____ Start Date: _____

Title: _____ End Date: _____

Service Date	Service/Task Description Being Invoiced	# of Service Hours Provided & # of Residents Served	Invoiced Amount/ Hourly Rate (if applicable)	NEP Dollar Amount Requested
TOTAL				\$

Employee Printed Name and Signature

Date

Agency Authorized Official Signature

Date

Covid Service Activity Only - MSHDA Pre-Approval Required