



**MISSING MIDDLE HOUSING PROGRAM  
Administration Expense Report**

Project Name: \_\_\_\_\_ Grant # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Report Period: \_\_\_\_\_

Date	Task Description	Hours	Pay Rate	Total
<b>Total</b>				

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Supervisor Signature

\_\_\_\_\_  
Date