



MSHDA

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MI-HOPE

Program Administration Report

Activity Delivery Cost

Note: For Activity Delivery Costs, billing documentation is required per the MI-HOPE Handbook specifications. Invoices and/or supporting documents must be attached for all expenses except Administration. Indirect cost rate billing falls under the Activity Delivery Cost checkbox.

Subrecipient: _____ Grant # _____

Employee Name: _____

Title: _____ Report Period: _____

Date	Task Description (use one line per expense/invoice)	Hours/Expense	Hourly Pay Rate /Invoice Amount	Total
Total				

If you are the Authorized Official and/or the Authorized Signer, signatures are not required below. If you are the Employee and the Approving Supervisor, only one signature and date is required. When the same signature is applicable to both lines, the signature and date should be on the Employee lines, and "same" should be written on the Approving Signature lines. Electronic signatures are acceptable.

Employee Signature

Date

Approving Supervisor Signature

Date