Housing and Home Improvement Service CLIENT FINANCIAL AND SERVICE ACTIVITY SHEET

CLIENT: ADDRESS:

PHONE NUMBER:

DATE OF APPLICATION;		
APPLICATION TAKEN BY:		
ASSESSMENT DATE:		
STARTING DATE:	ENDING DATE:	
	DESCRIPTION OF WORK	

QIY	MATERIAL.	ONII	AMOUNT	
•				
			1	
			 	
			 	
				
			† · · · · · ·	一
			 	
			 	
			ļ	
			1	
			† · · · · · · · · · · · · · · · · · · ·	
			 	
	- L		 	
	Delivery Charges			
			:	
		TOTAL		
Receipt	s must be available in client file to suppo	rt material costs li	sted above	
•				
WORK P	ERFORMED BY:			
ACTUAL (OF VOLUNTEERS PARTICIPATING:			
VOLUNTE	ER AGENCY NAME:			
FAITH BA	SED OR CIVIC GROUP NAME:			
		-		

DES	CRIPTION	OF WOF	łK	 ě
				
ADM	INISTRATIV	VE CHAF	RGES	
				 1
				 1
Mileage:	miles at_	pe	r mile	
LABOR	HRS	RATE	AMOUN	
				 -
				 <u> </u>
				 ļ
				
				
				1

HCCBG Reimbursement: 90% of amount entered in ARMS

LABOR	
MATERIALS	
ADMINISTRATIVE	
PROJECT COST	
AMOUNT ENTERED IN ARMS (may not exceed \$1500 per Household per Program Year)	

GENCY AUTHORIZED SIGNATURE	DATE:
----------------------------	-------