SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

District Headquarters SLC Min Wage
Wage Det XX-1111(R1) 01/01/97 $11.84

Current Contract Composite Wage
$19.00

Current Contract Hourly Price
$14.53

Vacation	Holiday	Uniform Allowance	H&W
12	11	$0.00	$0.00

at 0.11 rate

FICA 0.0765

Workers Comp. 0.038

Headquarter XX-1111(R1 SLC 01/01/97 Min. Wage 11.84

Part A - Categories 1, 2, and 3

	SLC		12 Hours per month	Pos. Type	Current Contract Rate	Actual Rate	Applicable WD Rate	Diff. in Rate	Subtotal	FRINGE BENEFITS Vacation 12	Holiday 11	Uniform Allowance $0.00	H&W $0.00	Rate of Increase Plus Fringe	APPLICABLE TAXES FICA 0.0765	Workers Comp. 0.038	Burden Increase Rate	Annual Projected Hours	Total Price Adjustment	
		3 Pos x 2007	hrs / 12 mo																	
Salt Lake City																				
13 (3)	Smith, A	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, A
	Smith, B	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, B
	Smith, C	1003.5	83.63	B	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	1003.50	$2,666.17	Smith, C
	Smith, D	1003.5	83.63	B	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	1003.50	$2,666.17	Smith, D
	Smith, E	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, E
	Smith, F	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, F
	Smith, G	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, G
	Smith, H	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, H
Total Positions	Smith, I	2007	167.25	F	$10.00	11.00	$11.84	$0.84	$0.84	$0.04	$0.04	$0.00	$0.00	$0.92	$0.07	$0.03	$1.02	2007.00	$2,046.34	Smith, I
13 (3)	Smith, J	1003.5	83.63	B	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	1003.50	$2,666.17	Smith, J
	Smith, K	1003.5	83.63	B	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	1003.50	$2,666.17	Smith, K
	Smith, L	1003.5	83.63	B	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	1003.50	$2,666.17	Smith, L
	Smith, M	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, M
	Smith, N	2007	167.25	F	$10.00	8.85	$11.84	$2.19	$2.19	$0.10	$0.10	$0.00	$0.00	$2.29	$0.18	$0.08	$2.56	2007.00	$5,332.34	Smith, N
	Smith, O	2007	167.25	F	$10.00	11.00	$11.84	$0.84	$0.84	$0.04	$0.04	$0.00	$0.00	$0.92	$0.07	$0.03	$1.02	2007.00	$2,046.34	Smith, O
	Smith, P	1003.5	83.63	B	$10.00	11.00	$11.84	$0.84	$0.84	$0.04	$0.04	$0.00	$0.00	$0.92	$0.07	$0.03	$1.02	1003.50	$1,032.84	Smith, P

Section J - Attachment 3D

SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

Base Year		
+Uniform Purchase		325.00
Physical Exam		50.00
Increase		**$375.00**

CATEGORY 5		
Base Wage		15.00
FICA	7.65%	1.11
State Unemploym	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G & A	FIXED	0.99
Profit	FIXED	0.61
		$18.28

Form must be printed in LANDSCAPE mode: Click on PRINT, then PROPERTIES and select "LANDSCAPE"

Travel Voucher Summary

1 Voucher

Local Voucher No. | Submit Org. USMS | Vouch Date | Voucher Type ☐ Original ☐ ReClaim | Ref Doc No. | Preparer's Name

2 Traveler

Name (FNF)

SSN

☐ 1. Employee ☐ 2. Contractor ☐ 3. Invitational ☐ 4. Other

Address

City | State AL | Zip

Country USA

☐ Employee Payment Notification | Network ID

3 Purpose

Type Travel
- ☐ A. TDY
- ☐ B. Ext TDY (Over 30 Days)
- ☐ C. Taxable Ext TDY

Travel Purpose
- ☐ A. Operational
- ☐ B. Training
- ☐ C. Meeting/Conference
- ☐ D. MS Ops

4 Obligation Liquidation

Traveler YReqDoc | Obl Liq ☐ Final ☐ Partial

5 Itinerary

Trip Began (MMDDYY) (HH:MM)

Trip Ended (MMDDYY) (HH:MM)

☐ 1. Domestic ☐ 2. O/CONUS ☐ 3. Foreign

Highest Class of Travel:

☐ 1. Coach ☐ 2. Premium ☐ 3. First Class

Reason for Upgrade:
- ☐ 1. Coach not available
- ☐ 2. Emp Disability
- ☐ 3. Security
- ☐ 4. Foreign–no coach
- ☐ 5. Cost Savings
- ☐ 6. Payed by NonFed
- ☐ 7. Travel GT 14 hrs
- ☐ 8. Other
- ☐ 9. NA

Primary Destination:

State AL City

☐ Multiple Destinations

6 Expense Summary

Standard Travel Expenses	
Traveler Paid Transportation	
Lodging Total (auto-calculated from back)	
MI & E Total *	
Mileage Total *	
Car Rental *	
ATM Fees *	
Taxi/Limo *	
Business Calls *	
Personal Calls *	
Parking *	

Other Expenses

Item Desc	SOC	Amount

Total Voucher (auto-calculated)	
Disposition	
Advance Repayment	
Taxes Withheld Fed	
Taxes Withheld State	
Amount to Traveler (auto-calculated)	

DisbMode ☐ 1. Dir Dep ☐ 2. Tres ☐ 3. Draft ☐ 9. None | Draft Site

7 Program Distribution

Acct Class	PGM	AIN	Project	Case	%
				Total	%

8 Approval

Note: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than $10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287.1 d 1001)

Traveler Sign Here

I certify that this voucher is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Date:

Approving Official Sign Here

The amounts claimed on this voucher are approved official travel expenses, which appear to be reasonable for the travel performed.

Date:

Certifying Official Sign Here

This voucher is certified correct and proper for payment.

Date:

FS/FASSO November 7, 1995; USMS Automated 3/00

Daily Expense Report Summary

Enter expenses in categories provided below. Enter other expenses on Box 6 on page 1.

Travel Day	ST	City/ County	Lodging	M&IE	Mileage	Car Rental	ATM Fee	Taxi/ Limo	Business Calls	Personal Calls	Parking	Optional Comments

Travel Authorization / Advance

1. Voucher Information

Local Voucher No.	Submitting Organization USMS-	Vouch Date	Ref Doc No	Preparer's Name	FMIS Upload ☐ Yes ☐ No

Auth Vch Type ☐ Original ☐ Adv only ☐ Cancel

Traveler	YRegDoc	Accounting Classification
SSN		

2. Mode of Transportation Authorized

- ☐ By Common Carrier
- ☐ By Gov-Furnished Auto
- ☐ By Rental Vehicle
- ☐ By Privately Owned Vehicle
  - ☐ POV Determined to be Most Advantageous to Government
  - ☐ Cost not to Exceed that of Common Carrier
  - ☐ Based on Cost of GOV Furnished Auto
  - $ _____ Mileage Rate Authorized (Ex.: $.35 = 35 cents)
- ☐ Other _____

3. Mode of Subsistence Authorized

- ☐ Actual subsistence up to _____ per day
  Actual subsistence requires approval by appropriate authorizing official
- ☐ Per diem based on lodging plus meals and incidental expenses NTE GSA Location Rates
- ☐ Extended TDY (Reduced Rate) _____

4. Planned Itinerary / 5. Estimated Cost

From:

To:	State	City	Rate: Lodging	Rate: M&IE	Days	Estimate
1						
2						
3						
4						
5						

☐ Foreign travel Must be approved as required by DOJ travel regulations	Transportation (describe):
	Other Amount (See Box 8 below)
Departure Date _____	Total
Return Date _____	Advance Amount (See Box 9 below)

6. Other Authorizations

- ☐ 1. Use of Premium Class — Additional Cost: _____
- ☐ 2. Use of foreign flag carrier
- ☐ 3. Leave in conjunction with travel
- ☐ 4. Other Description

7. Advance Disbursement

☐ 1 DirDep ☐ 2 Tres ☐ 3 Draft ☐ 4 Cash ☐ 5 None — Draft Site _____

Address		
Address		
City	State	ZIP
Country		

8. Other Descriptive Information

Description			
Program	Project	Budget Auth No (8 Alpha)	Org Mgt Field (Numeric)
Bill to:		Case	

Type Travel
- ☐ A. TDY
- ☐ B. Ext TDY (Over 30 Days)
- ☐ C. Taxable Ext TDY
- ☐ D. PCS (NonNFC)
- ☐ X. N/A

Travel Purpose
- ☐ A. Operational
- ☐ B. Training
- ☐ C. Meeting/Conference
- ☐ D. House Hunting
- ☐ E. PCS Relocation
- ☐ X. N/A

Justification (if appropriate)

9. AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization.

Authorizer	Traveler
Advance Authorized as described in Box 5	Cash Advance of: _____
Authorizer:	Received by: _____
Authorizer Signature: _____	Signature: _____ Date: _____

A voucher must be submitted within 10 workdays after travel is completed or monthly for persons in a continuous travel status.

US Dept of Justice JMD/FS/FASSG Nov. 9, 1995; USMS 02/00

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS	1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE USMS-	2. VOUCHER NUMBER 3. SCHEDULE NUMBER

Read the Privacy Act Statement on Page 2 of this form.

4. CLAIMANT

a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NUMBER	5. PAID BY
c. MAILING ADDRESS (Include ZIP Code) 600 Army Navy Drive, Arlington, VA 22202	d. OFFICE TELEPHONE NUMBER	

6. **EXPENDITURES** *(If fare claimed in col. (g) exceeds charge for one person, show in col (h) the number of additional persons which accompanied the claimant.)*

DATE (a)	CODE (b)	Show appropriate code in col. (b): A - Local travel; B - Telephone or telegraph, or C - Other Expenses (Itemized) *(Explain expenditures in specific detail.)* (c) FROM	(d) TO	MILEAGE RATE (dollars) NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIP AND MISC. (i)
If additional space is required continue on Page 2.			SUBTOTALS CARRIED FORWARD FROM PAGE 2.					
7. AMOUNT CLAIMED *(Total of cols (f), (g) and (i).)* ▶			TOTALS					

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED ☐ ELECTRONIC PAYMENT
Requires an ACH Payment Form (USM-152) on file with Finance

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)* b. DATE c. AMOUNT

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

STANDARD FORM 1164 (REV. 11-77)
Prescribed by GSA, FPMR (CFR 41) 101-7
Automated 12/00

6. **EXPENDITURES**, *Cont'd.*

DATE	CODE	*Show appropriate code in col. (b):* A - Local travel B - Telephone or telegraph, or C - Other Expenses (Itemized) *(Explain expenditures in specific detail.)*		MILEAGE RATE (dollars)	AMOUNT CLAIMED			
(a)	(b)	(c) FROM	(d) TO	NO. OF MILES (e)	MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIP AND MISC. (i)

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NO.

SHIPPED FROM | TO | WEIGHT | GOVERNMENT B/L NO.

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT COST	UNIT PER	AMOUNT (1)

(Use continuation sheets) if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT
- PROVISIONAL
- COMPLETE
- PARTIAL
- FINAL
- PROGRESS
- ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCE $

BY (2)

Amount verified; correct

TITLE

(Signature or initials) for

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

Date | Authorized Certifying Officer (2) | (Title)

ACCOUNTING CLASSIFICATION

PAID BY

CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE 3	

PER

TITLE

(1) When stated in foreign currency, state name of currency
(2) If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his/her official title.
(3) When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he/she signs, must appear. For example: John Doe Company, per John.

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034
Automated 01/01

Continuation Sheet for SF-1034

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000	PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL	VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION	DATE VOUCHER PREPARED	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY
	REQUISITION NUMBER AND DATE	

PAYEE'S NAME AND ADDRESS		DATE INVOICE RECEIVED
		DISCOUNT TERMS
		PAYEE'S ACCOUNT NO.

SHIPPED FROM	TO	WEIGHT	GOVERNMENT B/L NO.

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT COST	UNIT PER	AMOUNT (1)

(Use continuation sheets if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT	APPROVED FOR	EXCHANGE RATE	DIFFERENCES
☐ PROVISIONAL ☐ COMPLETE ☐ PARTIAL ☐ FINAL ☐ PROGRESS ☐ ADVANCE	= $ BY (2) TITLE	= $1.00	Amount verified; correct for (Signature or initials)

MEMORANDUM

ACCOUNTING CLASSIFICATION _____

PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE 3	
			PER	
			TITLE	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034
Automated 07/01

CSO INCIDENT REPORT		
Report Date	**Reporting District**	**Reported By**
Type of Incident:		
DESCRIPTION OF INCIDENT:		
Site Supervisor/Lead CSO		Witness By

UNITED STATES MARSHALS SERVICE
Judicial Protective Services

COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

1. CONTRACTOR'S INFORMATION:		3. REPORTING PERIOD:		
Name		Month	Day	Year
Address				
City		4. DATE SUBMITTED		
State		Month	Day	Year
Zip Code				
Office Telephone Number		5. JUDICIAL CIRCUIT		
Fax Telephone Number				
Internet Address				
2. CONTRACTOR'S INFORMATION:		6. DISTRICT		
Contract Manager				
Site Supervisor(s) / District(s)		7. CONTRACT NUMBER		
		8. CONTRACT PERFORMANCE PERIOD		

9. CONTRACTOR'S SIGNATURE

I hereby certify that the information provided in this report is true and accurate to the best of my knowledge.

NAME AND TITLE OF AUTHORIZED COMPANY OFFICIAL (TYPE OR PRINT)

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL DATE

SECTION I - CIRCUIT SUMMARY

Contract Number: **Reporting Period:**

District No.	District	Number of Authorized Positions			Monthly Activity			Comments
		Full-time	Shared	Total	Fiscal Year Enhancements	Current Vacancies	Authorized Transfers	

SECTION II - STAFFING INFORMATION

Contract Number: **Circuit:** **Reporting Period:**

District:
Facility:

Location		Authorized Positions											
District	Facility	Full-time	Shared	Total									
		Actual Staffing On-Board			Employee's Status		Uniform Issue Date	Weapon's Qualification Date	Date of Last Medical Examination	In-District Training Phase I	Orientation Phase II	Annual Training	Start Date
		Full-time	Shared	Total	*Full-time*	*S1 or S2*							

SECTION III - VACANCIES

Contract Number: **Reporting Period:**

District	Facility Code	Name of Person Departing	Employment Status		Vacancy Date	Reason for Vacancy	Replacement Package Due On:	Replacement Package Sent On:
			Full-time	*S1 or S2*				

SUMMARY OF VACANCIES

TOTAL NUMBER OF VACANCIES REPORTED LAST MONTH:		Comments
TOTAL NUMBER OF VACANCIES INCURRED THIS MONTH:		
TOTAL NUMBER OF VACANCIES FILLED THIS MONTH:		
TOTAL NUMBER OF VACANCIES REMAINING THIS MONTH:		

SECTION IV - ENHANCEMENTS

Contract Number: **Reporting Period:**

District	Facility Code	Total Number Enhancements Received	Type of Position		Task Order Receipt Date	Contract Document Reference Number	CSO Package Due On:	CSO Package Sent On:
			Full-time	*S1 or S2*				

SUMMARY OF ENHANCEMENTS

		Comments
TOTAL NUMBER OF ENHANCEMENTS PENDING LAST MONTH:		
TOTAL NUMBER OF ENHANCEMENT RECEIVED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS FILLED THIS MONTH:		
TOTAL NUMBER OF ENHANCEMENTS PENDING THIS MONTH:		

SECTION V - NEW HIRES

Contract Number: **Reporting Period:**

District	Facility Code	Name of Employee	Employment Status		Official Reporting Date	Individual Will Fill a:		Comments
			Full-time	*S1 or S2*		*Vacancy*	*Enhancement*	

SUMMARY OF NEW HIRES

TOTAL NUMBER HIRED LAST MONTH:		*Comments*
TOTAL NUMBER HIRED THIS MONTH:		
TOTAL NUMBER HIRED DURING THIS CONTRACT PERIOD:		

SECTION VI - OVERTIME

Contract Number: **Reporting Period:**

OVERTIME CODES:

- **A** TRIAL/JURY ACTIVITY
- **B** EXTENDED HOURS OF COURT OPERATION NOT RELATED TO TRIAL/JURY ACTIVITY
- **C** OTHER (A detailed explanation is required when this code is used.)

Authorization Date	Date Overtime Worked	Name of Government Official Authorizing O/T	Name of the CSO Authorized to Work	Total Hours Worked	**Justification** *Select the code that best describes the reason for the overtime. In addition, if the overtime effort was not worked by "Shared" CSO personnel, please explain why.*

SUMMARY OF OVERTIME WORKED

TOTAL NUMBER OF O/T HOURS WORKED LAST MONTH:	
TOTAL NUMBER OF O/T HOURS THIS MONTH:	
TOTAL NUMBER OF O/T HOURS WORED DURING THIS CONTRACT PERIOD:	

SECTION VII - TRAVEL

Contract Number: **Reporting Period:**

Travel Authorization Date	Travel Period		Name of Government Official Authorizing Travel	Name of Employee Authorized to Travel	Travel Originated		Purpose of Travel
	From	To			From:	To:	

SECTION VIII - ACCIDENTS

Contract Number: **Reporting Period:**

Date Accident Occurred	Details	Comments *(Explain response or action taken to prevent performance interruptions.)*

SECTION IX - NARRATIVE OF MAJOR ACCOMPLISHMENTS, PROBLEMS ENCOUNTERED, FUTURE PLANS AND ACTS OF HEROISM

Contract Number: **Reporting Period:**

SECTION X - WORKHOURS	
Contract Number:	Reporting Period:

_____ Judicial Circuit - Fiscal Year 2002

MONTHLY STATISTICS OF HOURS WORKED													
District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL
TOTAL													

ANNUAL STATISTICS OF ACTUAL HOURS WORKED					REPORT
District	District No.	Site Supervisors	CSO Positions	Contract Hours *(Based on 2008 hrs./position)*	CUMULATIVE HOURS WORKED
				0	
				0	
				0	
				0	
				0	
				0	
TOTAL				**0**	

SECTION XI - BILLING INFORMATION

Contract Number: **Reporting Period:**

_____ Judicial Circuit

Fiscal Year 2002

	Total Monthly Billing						Cumulative Total
District							
October	$	$	$	$	$	$	$
November	$	$	$	$	$	$	$
December	$	$	$	$	$	$	$
January	$	$	$	$	$	$	$
February	$	$	$	$	$	$	$
March	$	$	$	$	$	$	$
April	$	$	$	$	$	$	$
May	$	$	$	$	$	$	$
June	$	$	$	$	$	$	$
July	$	$	$	$	$	$	$
August	$	$	$	$	$	$	$
September	$	$	$	$	$	$	$
TOTAL:	$	$	$	$	$	$	$

SECTION XII - MONTHLY HOURS WORKED

Contract Number: **Circuit:** **Reporting Period:**

District:

Facility:

Name Position	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Basic	Overtime
	Basic																																0	
	Overtime																																	0