** Hourly Log for Contracted Services**

**Form Instructions**

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| Date | *Date of billable unit/activity.* |
| Description | *Brief description of activity. For example data entry for reports, caregiver support group meeting, community education session. If contracted services are provided at multiple locations this section should reflect which location the service was provided at.* |
| Type of Activity | *Describe type of activity. Examples:** *Preparation*
* *Collaborative Meeting or Meeting with Client*
* *Presentation*
* *Support session or meeting*
 |
| Units | *Number of units utilized per activity.* |
| Clients | *Number of clients served during activity.* |
| Total | *This protected field will automatically add the number of units and clients that were entered into the chart.* |

Please email signed form to ewright@thesenioralliance.org by the 10th each month to the attention of Contracts. These forms must be submitted with your organization’s monthly cash request. The units reported on this form must match the units billed.