TDA 319 NPS Program: Record of Work Performed by Subcontracted Labor (NOT to include labor for BMP installation)

Project Name: _____ Grantee: _____ Edison ID: _____

Period of work: _____ to _____ (should match "Invoice Period" from Reimbursement Request)

Date Work Performed:	Work Performed by:	Description of Work	Pay Rate ($ per hour):	Total Hours:	Total Charges ($):