ACTIVE EARNINGS REPORTING SPREADSHEET

Statement of Active Income & Professional Services

Payee Name: _____ **Reporting Period:** _____

ID/Ref Number: _____ **Submission Date:** _____

Department/Project: _____ **Payment Method:** _____

Date	Activity / Description of Services	Hours	Rate / Price	Gross Earned	Deductions	Net Amount
	Total:					

_____ Payee Signature

_____ Authorized Approver Signature