



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
SUMMARY OF SALARY EXPENSES

Attachment 8.4

AGENCY NAME						CLAIM MONTH	
POSITION TITLE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON CSFP	X	DAYS WORKED PER MONTH	=	TOTAL
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTAL						=	

The undersigned affirms that the distribution of activity represents a reasonable estimate of the actual work performed during the period covered.

 Signature Date Title