|  |  |
| --- | --- |
| Facility/site name: |  |
| Provider number: |  |
| Name of point of contact: |  |
| Point of contact email address: |  |
| Phone number: |  |

| **Employee Name*What is the name of the person you paid?*** | **Date *When did you pay the employee?***  | **Categories\******What category corresponds to the item?*** | **Amount*****Total amount spent*** |
| --- | --- | --- | --- |
| ***Examples:*****Jane Doe**\*\*\*\*\*\*\*\*\*\*\*\***Automatic Data Processing (ADP)** | **5/1/21\*\*\*\*\*\*\*\*\*\*\*\*****3/14/22** | **Wage Increase****\*\*\*\*\*\*\*\*\*\*\*\*Bonuses** | **$500****\*\*\*\*\*\*\*\*\*\*\*\*$3,000** |
|  |  |  |  |
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|  |  |  |  |

 **Total Spent: $**

**\*Spending Categories**:

- Wage Increase

- Bonus

- Benefit Increase

- Recruitment activities

- Retention activities