Agency Name Here
Project Monthly Unit Summary

SAMPLE

Preparers Signature:

Approved By Signature:

St. Louis County - PLB

Department	
Month	

		HOURS/UNITS					
Consumer	**Code**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**TOTAL HOURS**	**Comments**
Consumer A		40.00	40.00	40.00	40.00	160.00	
Consumer B		23.00	21.00	24.00	20.00	88.00	
Consumer C		2.00	-	-	2.00	4.00	
Consumer D		1.00	1.00	1.00	1.00	4.00	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
		66.00	62.00	65.00	63.00	256.00	