



Form 4-8A (Rev 01/07)

Agent's Daily Activity Report

Hours Worked, Activities Other than Inspection and Vehicle Use

DAR Date		Agent's Name		Office Name	
Hours Worked					
Day Hours		Night Hours		Total Hours	
Public Education					
Educational Activity 1			Educational Activity 2		
Activity Class			Activity Class		
Activity Type			Activity Type		
County		Number Taught	County		Number Taught
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Educational Activity 3			Educational Activity 4		
Activity Class			Activity Class		
Activity Type			Activity Type		
County		Number Taught	County		Number Taught
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Educational Activity 5			Educational Activity 6		
Activity Class			Activity Class		
Activity Type			Activity Type		
County		Number Taught	County		Number Taught
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Other Activities					
Activity 1			Activity 2		
Activity Class			Activity Class		
Activity Type			Activity Type		
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Activity 3			Activity 4		
Activity Class			Activity Class		
Activity Type			Activity Type		
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Activity 5			Activity 6		
Activity Class			Activity Class		
Activity Type			Activity Type		
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		
Activity 7			Activity 8		
Activity Class			Activity Class		
Activity Type			Activity Type		
Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number	Hours	Grant? Y <input type="checkbox"/> N <input type="checkbox"/>	Grant Number
CLP Number			CLP Number		
Complaint/Action File Number			Complaint/Action File Number		

Daily Vehicle Use

Vehicle Inventory No.	Beginning Mileage	Ending Mileage	ETABC? Y <input type="checkbox"/> N <input type="checkbox"/>	No. of Passengers
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Gas and Vehicle Fluid Purchases

Gas (gallons)	Cost of Gas	Fluid (Qts)	Cost of Fluids	Card Type	HUB Vendor ID Number
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Vehicle Repairs – Invoice Details

Date In	Time In	Repair Code	Cost of Parts	Cost of Labor	Accomp Code
	: M		.	.	
Date Out			.	.	
Time Out	: M		.	.	
Repair Reason			.	.	
Work Class			.	.	
Req Number			.	.	
Card Type			.	.	

HUB Vendor ID Number

Activities Narrative