

# WEX ACTIVITY JOURNAL



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Case Manager \_\_\_\_\_

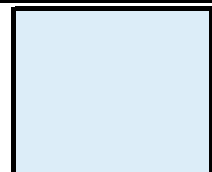
*This form can be submitted in lieu of hours worked for a maximum of 30 hours, or in addition to hours worked for a maximum of 40 hours. Please scan or take a picture of it and email it into your case manager at the end of each week. If unable to do so, please contact your case manager to make other arrangements.*

DAY	DATE	ACTIVITY	HOURS SPENT ON ACTIVITY	TOTAL HOURS FOR DAY
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

I CERTIFY THIS INFORMATION IS A TRUE, COMPLETE AND ACCURATE ACCOUNTING OF MY ACTIVITY TO THE BEST OF MY KNOWLEDGE.

X \_\_\_\_\_  
 SIGNATURE OF CLIENT DATE

X \_\_\_\_\_  
 CASE MANAGER SIGNATURE DATE



**TOTAL HOURS FOR THIS WEEK**