

TIME SHEET

PROVIDER NAME:			DISCIPLINE:		
NAME OF FACILITY			WEEK ENDING:		
DATE	START TIME	LUNCH START TIME	LUNCH END TIME	END TIME	TOTAL HOURS
WEEKLY TOTALS					
MILEAGE:					
<p>I certify that the hours shown above represent my total hours worked and that the client's representative has given approval of documented hours.</p>					
PROVIDER SIGNATURE:				DATE:	
SUPERVISOR SIGNATURE:				DATE:	
<p>Completed time sheets must be faxed to the office no later than 12:00 noon on Monday. Payment for any time sheet arriving after 12:00 noon on Monday will delay payment until the following pay period. Time sheets MUST be signed by the respective provider and client's representative to be considered for payment of services rendered.</p> <p>Fax to 770.415.6286</p>					