

Member: (Last Name, First Name)

C	M	I	A						
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Member ID:

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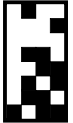
Service Code:

Provider: (Last Name, First Name)

P	M	I	A						
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Provider ID:

7062



Week 1		Payroll Schedule Begin Date (mm/dd/yyyy)			20		Week 2		Payroll Schedule End Date (mm/dd/yyyy)			20	
	Time In	AM/PM	Time Out	AM/PM	Sub-Total Hours			Time In	AM/PM	Time Out	AM/PM	Sub-Total Hours	
Mon							Mon						
Tue							Tue						
Wed							Wed						
Thu							Thu						
Fri							Fri						
Sat							Sat						
Sun							Sun						
<b>Total Hours for Week 1:</b>							<b>Total Hours for Week 2:</b>						

By signing below, I certify that I have provided the services to the member during the times described on this timesheet.

Date (mm/dd/yyyy):

Provider Signature:

		/			/	20		
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By signing below, I certify that the member has received the hours of service as reported above.

Date (mm/dd/yyyy):

Member, Employer or Authorized Rep. Signature:

		/			/	20		
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**\*** USE BLACK INK, PRINT ONE CHARACTER PER BOX, TRY NOT TO TOUCH THE LINES!!!

CORRECT → 

1	2	0	1	2	9
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INCORRECT → 

3	0	2	4	2	9
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**\*** SUBMIT YOUR TIMESHEET ONLINE! GO TO [HTTP://FMS.PUBLICPARTNERSHIPS.COM](http://fms.publicpartnerships.com) FOR FAST, SECURE, REAL-TIME VALIDATION

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