

**NEW HERITAGE RECRUITERS, INC.**

PH: (877) 341-5599 Fax: (877) 330-3496

Provider ID:	_____
Job ID #:	_____
Client #:	_____

**PROVIDER TIME SHEET**

**Providers Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

Date	Regular Hours Start	Regular Hours End	Total Hours	On Call (Check one)	On Call Hours Start	On Call Hours End	Total Hours	Holiday (Check if applies)
<b>Mon:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Tue:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Wed:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Thu:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Fri:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Sat:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Sun:</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes
<b>Weekly Total:</b>								

**Total mileage incurred for the week (Personal Auto only)** \_\_\_\_\_ **Did you use any lodging?**  Yes  No  
**No. of Evenings** \_\_\_\_\_

**If working on holiday, Please list holiday name :** \_\_\_\_\_

**By signing this timesheet, I verify and agree that the regular and On Call hours listed are accurate.**

**All expenses must be accompanied by receipt.**

**Signature of Provider:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_  
(Authorizing Signature)

**Print Provider Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX TIME SHEET TO (877) 330-3496**