



Please submit timesheet by Monday at 9am
Fax: 561-828-2696 or admin@lotusmedstaff.com

Provider: _____ Client: _____

Provider Signature: _____ Client Signature: _____

***By signing above, I acknowledge that I have verified the hours recorded on this timesheet are accurate.*

Weekday & Date	Start Time	Unpaid Lunch	End Time	On-Call	Call-back (Start and End Times)	Comments
_____ Monday				YES NO	_____ _____ _____	
_____ Tuesday				YES NO	_____ _____ _____	
_____ Wednesday				YES NO	_____ _____ _____	
_____ Thursday				YES NO	_____ _____ _____	
_____ Friday				YES NO	_____ _____ _____	
_____ Saturday				YES NO	_____ _____ _____	
_____ Sunday				YES NO	_____ _____ _____	

Reimbursements:

Mileage (Personal Vehicle) _____ OR **Fuel Receipts** (Rental Cars Only) \$ _____

Other \$ _____ (Please submit all receipts that apply, i.e. lodging, rental car, airfare)

***Hours are rounded to the nearest ¼ hour. Any timesheet turned in 30 days after assignment ended will NOT be paid.*