Provider:								C	Houston 86						
									Specialty:						
							Inv	oice Pe	riod:	:					
	or EM						ME	SHE	ET	S T	O: <b>7</b> 1	3-583	3-334.	3,	
Provider Signature:									Client Signature:						
By signing above I acknowledge that I have verified the hours recorded of Provider Time Sheet.								By signin	Print below signature  By signing above I acknowledge that I agree with the amount of hours recorthis Provider Time Sheet and authorize billing based on the terms of our contract						
				ime In			Reg Hours	Mint.	Holiday		Call Back	Week Night Call	Week- end Call	Patient Contact Hours	
Day	Date MM/DD/YY		In Lunc (Min					Prem Hours						ontact	Comments
					Tota	als:									
Agreed upon reimbursable expenses (please provide applicable receipts)  Item Ouantity  Mileage Tolls/Fees In dollars  Fuel In dollars						ven	Any time sheet turned in 30 assignment ended will No Mint Physician St						be paid		
					T	his ar	ea fo	r office	e use	only					
				С	Hours	Prem			WN	WE	Ove Grat	001	Irs	_	Billed Daily
				P	tered									dmin Fee:	Y/N Client: Y / N
				RE											
ADMIN				AN	AM										

Time sheets are due on Monday at 9:00AM in order to be processed and paid within the same payroll week.