

If faxing, please do not mail

Please PRINT in black ink

CSG, FSG and miscellaneous county funded programs

MRCI Timesheet Summary

Must accompany time sheet

Name of client's representative _____ Daytime Phone# _____

Name of client _____ County _____

Name of employee _____

Hours worked _____

Rate per hour _____

FOR OFFICE USE ONLY:

Total wages = _____

20% of TW = _____

Total = _____

The timesheet and timesheet summary must be received by MRCI-Mankato by the 3rd and the 18th of each month (or earlier—see payroll calendar) in order to meet MRCI payroll deadlines. Reports received after this date will not be processed until the following pay cycle.

Fax toll free using 1-888-800-7336

If mailing, address to:

MRCI-Mankato
Attention: CDS Payroll
P.O. Box 328
Mankato, MN 56002-0328

Office Use

P.P.E _____

Excel _____

Spreadsheet _____