

Children's Home Society of Washington
Hourly Non-Exempt Bi-Weekly Timesheet



LOOK TO THE RIGHT FOR INSTRUCTIONS



STAFF MEMBER: _____

REGION: _____ # OF STANDARD HOURS/WEEK: _____

Note: CHSW's work week runs Saturday through Friday.

W E E K O N E	DAY	DATE	REG	O/T	HOL	VAC	SICK	Other	Reason for O/T Hours, Description/Explanation for Other Hours	
	SAT	04/19/08								
	SUN	04/20/08								
	MON	04/21/08								
	TUE	04/22/08								
	WED	04/23/08								
	THR	04/24/08								
	FRI	04/25/08								
WEEK ONE TOTALS			0.00	0.00	0.00	0.00	0.00	0.00		

W E E K T W O	DAY	DATE	REG	O/T	HOL	VAC	SICK	Other	Reason for O/T Hours, Description/Explanation for Other Hours	
	SAT	04/26/08								
	SUN	04/27/08								
	MON	04/28/08								
	TUE	04/29/08								
	WED	04/30/08								
	THR	05/01/08								
	FRI	05/02/08								
WEEK TWO TOTALS			0.00	0.00	0.00	0.00	0.00	0.00		

TWO WEEK TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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TEMPORARY ALLOCATION OF WAGES (Use only for current changes)		
# of Hours	Program Code(s)	Rate/%
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR PAYROLL USE ONLY

SIGNATURES (NOT IN BLACK) ARE REQUIRED FOR ALL TIMESHEETS

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please DO NOT sign in black. I attest under penalty of perjury that this is a true and accurate reporting of the hours that I have worked during this period.

Form #0122-101-8/01

Date Revised: 06/08

print on canary yellow or white

EXPENSE VOUCHER

ALL CODING MUST BE COMPLETED AND ORIGINAL RECEIPTS ATTACHED BEFORE PAYMENT CAN BE MADE.

ALL EXPENSE VOUCHERS MUST BE TURNED IN MONTHLY.

ALL VOUCHERS MUST BE APPROVED, amounts over \$250.00 submitted to Corporate Accounting/under \$250.00 reimbursed from regional checking account / under \$10.00 from petty cash. New Mileage effective 7-1-2008.

PAY TO (PLEASE PRINT) : _____

FOR (MONTH/YEAR) : _____

Date	Mileage Destination/Description	FUND (Defaults to 10)	NATURAL ACCOUNT #	REGION	PROGRAM	FUNDING SOURCE	RESTRICTED (Defaults to 1)	# of Miles	@ .47/Mile
		1	0				1		
		1	0				1		
		1	0				1		
		1	0				1		
		1	0				1		
		1	0				1		
*****TOTAL MILEAGE									0

Date	Other Expense Description	FUND (Defaults to 10)	NATURAL ACCOUNT #	REGION	PROGRAM	FUNDING SOURCE	RESTRICTED (Defaults to 1)	Amount
		1	0				1	
		1	0				1	
		1	0				1	
		1	0				1	
		1	0				1	
		1	0				1	
*****TOTAL OTHER EXPENSES								

PAYEE'S SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

TOTAL DUE

A/P DATE STAMP RECEIVED

CHECKS CAN NOT BE RELEASED WITHOUT ORIGINAL BACKUP

CODING SHEET

FUND (Defaults to 10)	NATURAL ACCOUNT #	REGION	PROGRAM	FUNDING SOURCE	RESTRICTED (Defaults to 1)	AMOUNT	DESCRIPTION FOR AP SUBSYSTEM
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		
1	0				1		

TOTAL AMOUNT: \$0.00

APPROVED BY _____ DATE _____

FOR ACCOUNTING USE ONLY

NAME OF VENDOR _____ SESSION # _____

INVOICE #	INVOICE DATE	INVOICE AMOUNT	\$0.00
DESCRIPTION (FOR CHECK):			
VENDOR ID #	DUE DATE	POST MONTH	
NOTES:		A/P DATE STAMP RECEIVED	