



RELIABLE
HEALTH CARE SERVICES, INC.

TIME SHEET

HOSPITAL/FACILITY _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

PERIOD START _____ PERIOD END _____

PROVIDER NAME PLEASE PRINT	PROVIDER IDENTIFICATION NUMBER	DATE	TIME IN	MEALS		TIME OUT	REG	OT	ASSIGNMENT/ COST CENTER	APPROVAL AND COMMENTS	FOR RHCS USE ONLY
				OUT	IN		HOURS				
1											
2											
3											
4											
5											
6											
7											
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11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

AUTHORIZED SIGNATURE

TOTAL

(310) 397-2229 • (323) 235-2229 • (714) 761-9555 • (818) 901-8880 • FAX (310) 398-0155

WHITE - OFFICE COPY

YELLOW - BILLING COPY

PINK - HOSPITAL / FACILITY / CLIENT COPY