

THERAPEUTIC RESOURCES INC. FAX: 888-394-2351

EMPLOYEE NAME:

PER MILE REIMBURSEMENT:

TOTAL MILES:

DATE	то	FROM	MILES
		TOTAL	

EMPLOYEE SIGNATURE:_____

FACILITY SUPERVISOR SIGNATURE:

INSTRUCTIONS:

Time Sheets are due by the Monday 12:00 pm following the week of work.

If time sheets are not received by the Monday 12:00 pm following week of work, payroll checks may be delayed for up to two weeks.

Facility Supervisor signatures are required for each facility worked.

Employee will not be paid if time sheet does not include Supervisor Signature.

Employee signature is required certifying that these hours are correct.

*Employee will be paid for hours worked,(not contracted hours) if no explanation is provided.

Call us at 866-652-1562 if you any questions or concerns.