ATTENDANT TIMESHEET

Parc Member's NAME:	
ATTENDANT'S NAME:	
ATTENDANT'S ADDRESS:	
	TRANSPORTATION SERVICES
Did Attendant use personal v	rehicle?
If yes, please record number	of miles one way:
Please record other transpor Must submit legible receipts.	tation costs (parking, tolls, etc.):
	ATTENDANT CARE SERVICES
Are the Attendant Care servi	ces being paid for through another waiver/program?
If yes, skip to Attendant's Me	al Expenses.
If we who see a second state that tall	

If no, please complete the table below using the rows to record daily services (date, starting / ending times, types of services provided, and the total number of hours).

DATE of SERVICE	TIME ATTENDANT CARE STARTED	TIME ATTENDANT CARE ENDED	TYPE OF SERVICES PROVIDED (dressing, feeding, bathing, etc.)	TOTAL HOURS

ATTENDANT'S MEAL EXPENSES

ITEMIZED/LEGIBLE RECEIPTS REQUIRED FOR EACH MEAL!

Please complete the table below using the rows to record daily expenses.

DATE	BREAKFAST	LUNCH	DINNER	TOTAL
*****	**************************************	**************************************		*******
EXF	FOR		NLY	**************************************
EXF Attendan	FOF	R STAFF USE OI		
Attendan Attenda Attendant's Round- Attendant's Other To	PENSE t Care Hours ant's Meals Trip Miles (if applicable) ransportation Expenses	R STAFF USE OI	NLY	
Attendan Attenda Attendant's Round- Attendant's Other T	PENSE t Care Hours ant's Meals Trip Miles (if applicable)	R STAFF USE OI	X \$15.00/hr. X \$.67	
Attendan Attenda Attendar's Round- Attendant's Other To	PENSE t Care Hours ant's Meals Trip Miles (if applicable) ransportation Expenses plicable) ***********************************	R STAFF USE OI RATE GRAND TOTAL	X \$15.00/hr. X \$.67	TOTAL

DATE

PaRC Support Staff Signature (required)