

Employee Name _____

Professional Nursing Service

Week from _____ to _____

Vishnia and Associates, Inc

PATIENT NAME	PAYOR CODE	ODOMETER		DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
		START	END	MILES								
TOTAL MILES					TOTAL HOURS							

Payor Codes: Waiver=O Medicaid=D Private Insurance=X Passport=A Private Pay=Y Medicare= MC

PLEASE NOTE: TIME SHEETS SHOULD BE TURNED IN BY NOON ON MONDAY AND AT THE END OF EACH MONTH. THANK YOU

FOR OFFICE USE ONLY: REG HRS _____	OVERTIME _____	RATE 2 _____	RATE 3 _____	MILEAGE _____
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